



Name of Frontage Road (Chicago Ave.) ↘ Centerline of road

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure. See attachment
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

- | | |
|--|---|
| a. Building to all lot lines | i. Privy to building <u>NA.</u> |
| b. Building to centerline of road | j. Privy to lake, river, stream or pond <u>NA.</u> |
| c. Building to lake, river, stream or pond | k. Septic Tank and Drain field to closest lot line |
| d. Holding tank to closest lot line | l. Septic tank and Drain field to building |
| e. Holding tank to building | m. Septic Tank and Drain field to well |
| f. Holding tank to well | n. Septic Tank, and Drain field to lake, river, stream or pond. |
| g. Holding tank to lake, river, stream or pond | o. Well to building |
| h. Privy to closest lot line <u>NA.</u> | |

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 21 2009

APPROVED
Date: _____
Zoning District: R-1 Class 1
Amount Paid: \$905/5/21/09
mfg

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Legal Description _____ 1/4 of _____ 1/4 of Section 10 Township 43 N North, Range 6 West Town of Nawakagon

Gov't Lot 4 Lot 3 Block 8 Subdivision 60th and Revere CSM # 1582 Acreage .7

Volume 985 Page 758 of Deeds Parcel I.D. 04-034-2-43-06-10-1 00-182-31200

Property Owner Thomas P. Eystad Contractor Self (Phone) _____

Address of Property 44915 Chicago Ave Plumber _____ (Phone) _____

Cable, WI, 54821

Telephone 563-320-5949 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New _____ Addition Existing _____ Number of Stories 1

Fair Market Value \$30,000 Square Footage 1334 Sanitary: New Existing _____ Privy _____ City _____

USE: Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System New holding tank being installed

Residence w/attached garage (# of bedrooms) _____ Commercial Principal Building _____

Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) Screen porch / master Special/Conditional Use (explain) _____

Residential Accessory Building (explain) basement External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Thomas P. Eystad Date 5-19-09

Address to send permit 928 Birchwood Dr. Colona, IL 61241

ATTACH

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number _____ Date _____

Date 9-14-09 Permit Number 09-0414 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Non-conforming structure. 60' from OHWM.

By M. Fustak Date of Inspection 6-4-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: See mitigation plan & affidavit. Existing deck must be removed prior to the start of construction.

Signed Michael Fustak Date of Approval _____
Inspector _____

Rec'd for Issuance

Questions to ask - additional corrections? Address Secretarial Staff
2 Addns - 2 SEP 2009