

04-034-2-43-06-14-2 00-227-59000 E 1/2 Lot 58
00-227-58000 Lot 57

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

OCT 22 2009

Application No: 09-0525
Date: 10/23/09
Zoning District: RRB, Class 1
Amount Paid: \$375
10/23/09 / mg

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

Use Tax Statement for Legal Description

Legal Description 14 of 1/4 of Section 14 Township 43 North, Range 6 West, Town of Nomaakagon
57 Lot 1E75' sf Block LOT 58 (Subdivision LAKE SHORE CSM # 1.16)
1833

Volume 11018 Page 624 of Deeds Parcel I.D. 034-115-01000 \$ 034-114-10000

Property Owner Bobbie McCauley Contractor Homeowner (Phone) _____
Address of Property 43835 CO. D Plumber Ray Visocky 699-0775

Cable WI. 54821 Authorized Agent MARK O'CONNOR (Phone) 715-462-5222

Telephone 815-634-3880 (home) 815-715-8126 (work) cell

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 Basement: Yes No Number of Stories 1
Fair Market Value 125,000 Square Footage 1,488 Sanitary: New Existing City _____
USE: 715 2203 Type of Septic/Sanitary System Ground RE-CONNECT

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) (Trevi's Butterfield 652879)

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) 2 Commercial Principal Building Addition (explain) _____

Residence sq. ft. 1,488 Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. 715 Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____ Special/Conditional Use (explain) _____

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

Residential Other (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) Bobbie McCauley Date 10/19/09

Address to send permit PO Box 182 Coal City IL 60416 ATTACH _____
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 425046 Date 9-26-03

Date 10/12/09 Permit Number 09-0525 Permit Denied (Date) 7-13-06

Reason for Denial: _____

Inspection Record: well checked. Meets all setbacks. Property Owner's own's representations By M. Futch Date of Inspection 10-29-09

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

Condition: _____

Signed Michael Futch Inspector 10-30-09 Date of Approval

Rec'd for Issuance

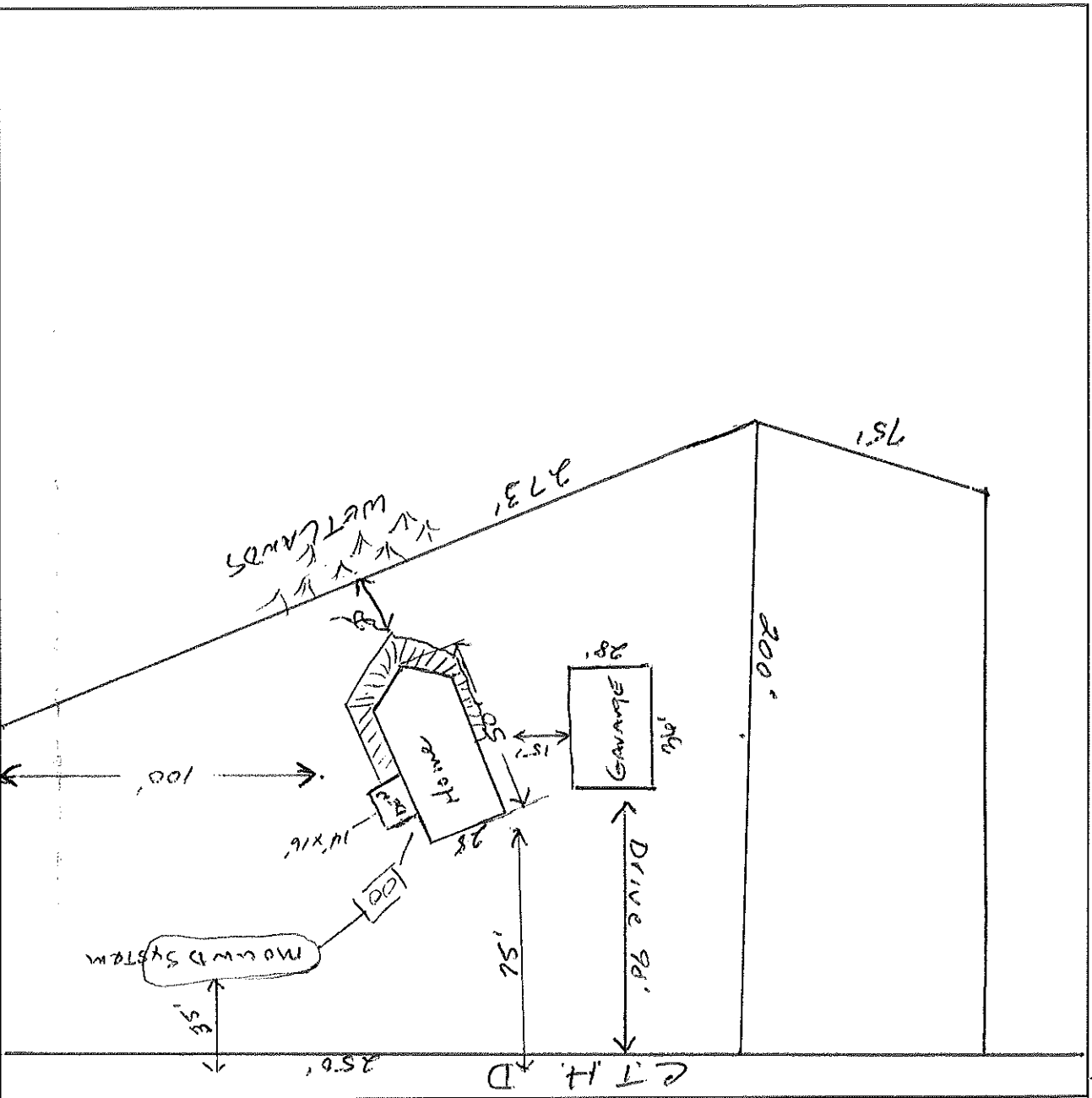
NOV 2 2009

John Zornzach

Secretarial Staff

50' = 1"

Lot Line



Name of Frontage Road (Co. Rd D.)

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

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

*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.