

25205

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
AUG 02 2011

Bayfield Co. Zoning Dept.

Application No: 11-0424
Date: 11/7/11
Zoning District: M
Amount Paid: \$125 \$15/11

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 NW 1/4 of NW 1/4 of Section 19 Township 43 North, Range 5 West, Town of ALHAM Acreage 37.901

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____
Volume 402 Page 102 of Deeds Parcel I.D. 04-034-2-4325-19-2-02-000-10000

Property Owner 10202 012 ALHAM PROPERTY CONTRACTOR
Address of Property 25205 W1 54821
Contractor ALHAM (Phone) _____

Telephone 715-794-2664 (Home) 794-2036 (Work)
Authorized Agent Bob Kosmoszen (Phone) 798-4797
Written Authorization Attached: Yes No

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 _____
Fair Market Value 6,000 - Square Footage 336
Type of Septic/Sanitary System None
 * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence wide-deck-porch (# of bedrooms) _____
 Residence sq. ft. _____
 Porch sq. ft. _____
 Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____
 Garage sq. ft. _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) Picn Shelter
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
EXTERNAL IMPROVEMENTS TO ACCESSORY BUILDING (explain) _____
Special/Conditional Use (explain) _____
External Improvements to Principal Building (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) Bob Kosmoszen Date 8/2/2011
Address to send permit 43670 Co Hwy D CARLE, WI 54821
ATTACH
Copy of Tax Statement or
(If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
Permit Issued: _____ State Sanitary Number _____ Date _____
Date 11/7/11 Permit Number 11-0424 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meet all standards Property Owner accepts responsibility

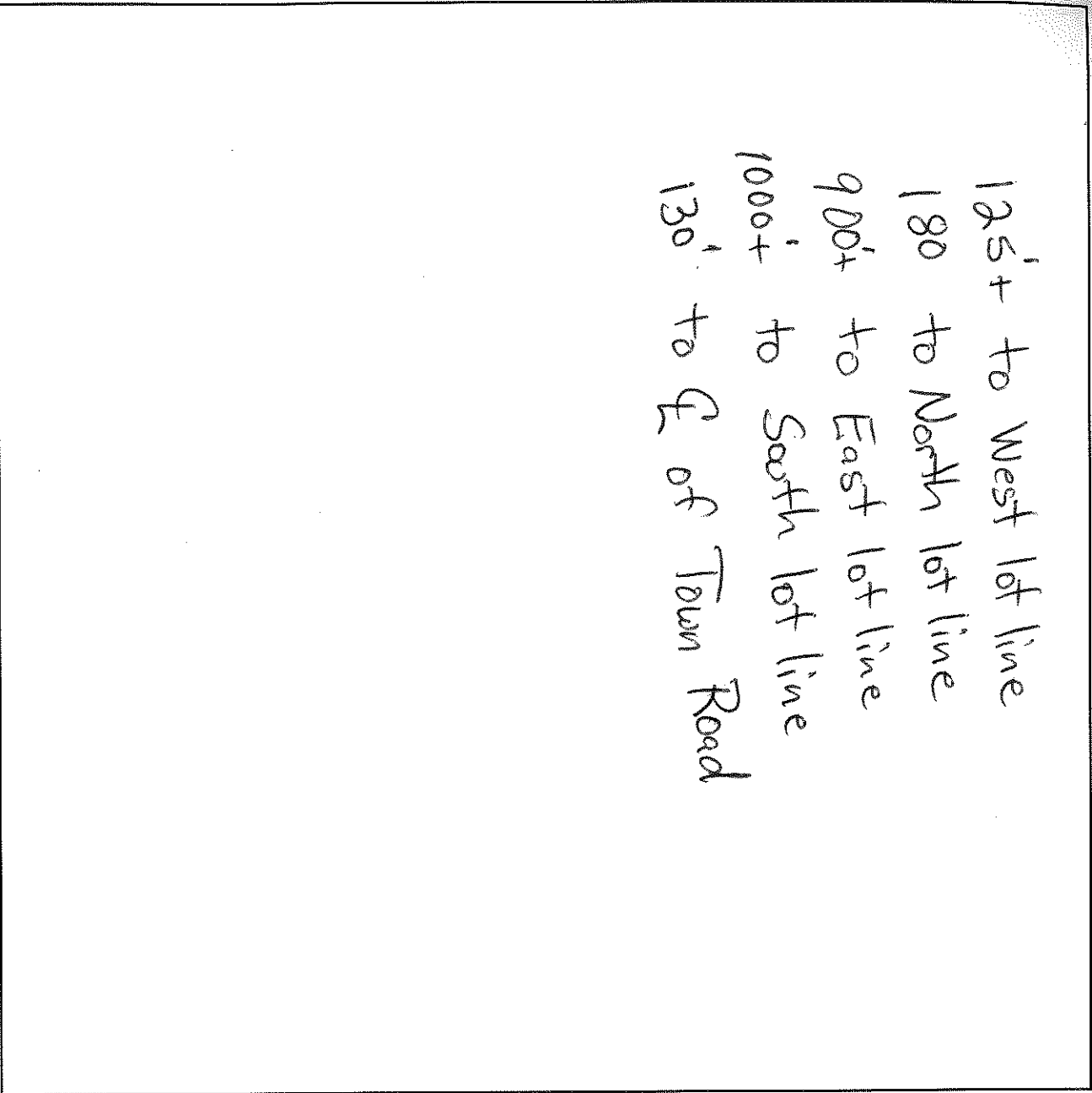
Mitigation Plan Required: Yes No
Condition: Not to be used for human habitation. No water under pressure in structure.
Date of Inspection 9-15-11
Variance (B.O.A.) # 11-3-11

Record for Issuance
Signed Michael Furtak 9-16-11
Inspector
Date of Approval

Administrative Staff



125' + to West lot line
180 to North lot line
900' + to East lot line
1000' + to South lot line
130' to E of Town Road



Name of Frontage 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.
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	i. Privy to building
b. Building to centerline of road	j. Privy to lake, river, stream or pond
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	

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.

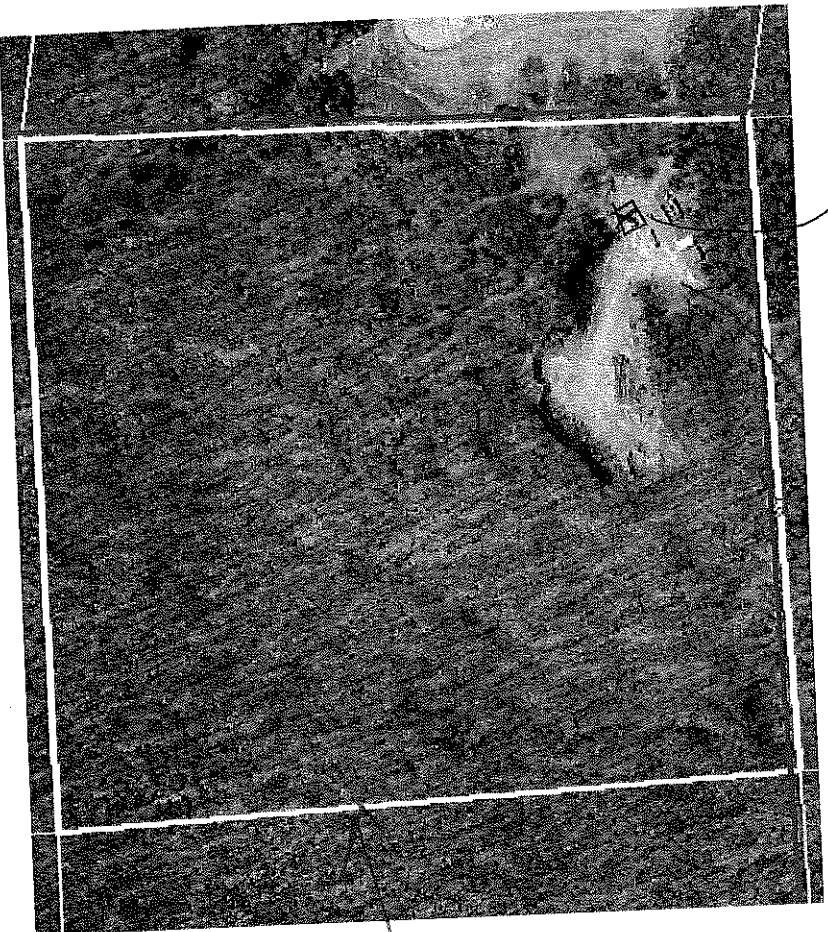
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

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.

F-1

DEAN'S MAN SHEED



F-1 TO M.

Query Results	
Parcel Owner	Legal Description
TOWN OF NAMAKAGON	NW NW 87
000000	
Location	History
Section 19, Town 43 N, Range 05 W	
New PIN	Old PIN
04-034-2-43-05-19-2 02-000-10000	034101303000
Land Value	Improvement Value
0.000000	0.000000
	Total Acres
	37.90100

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