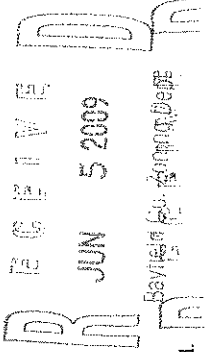


ATF

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

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



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 NE 23 Township 43 North, Range 6 West, Town of Newburg

Gov't Lot 1009 Lot 400 Block 43 Subdivision 1.8 CSM # 01-000-20000

Volume 1009 Page 400 of Deeds 04-034-2-43-06-23-1 Parcel I.D. 01-000-20000

Property Owner Shawn Bid Contractor self (Phone) _____

Address of Property XXX City Hwy D Plumber _____ (Phone) _____

Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 715-781-0653 (Home) (Work) Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing _____

Fair Market Value _____ Square Footage _____

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____

Residence sq. ft. _____ Porch sq. ft. _____

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

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Special/Conditional Use (explain) Shoreland Grading ATF

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Owner or Authorized Agent (Signature) _____ Date 6-3-09

Address to send permit 1008 19th Ave New Richmond WI 54717 ATTACH

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Copy of Tax Statement or _____

(if you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9-15-09 Permit Number 09-0415 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Grading is complete.

By M. Fustak Date of Inspection 6-11-09

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

Condition: Additional w/d fence or other erosion control measures

Must be erected along driveway.

Signed Michael Fustak 6-15-09 Date of Approval _____

Inspector _____

Rec'd for Issuance

SEP 15 2009

Secretarial Staff

