

\$75

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
 APR 05, 2010
 Bayfield Co. Zoning Dept.

Application No. 10-0065
 Date: _____
 Zoning District RRB
 Amount Paid: \$75
4/7/10 / 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: NE 1/4 of NE 1/4 of Section 23 Township 43 North, Range 6 West, Town of Namanagan
 Gov't Lot 1 Block 1 Subdivision _____ CSM # 6855 Acreage 1.835
 Volume 10 Page 5556 of Deeds Parcel I.D. 388645561
 Property Owner Sheila Bird Contractor Bryan J 3-1-01-000-21000/22000 (Phone) _____
 Address of Property 42915, Caber WI 54821
 Telephone 715-281-0653 (Home) _____ (Work) _____
 Authorized Agent _____ (Phone) _____
 Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No if yes.
 Structure: New Addition _____ Existing _____
 Fair Market Value 10,000.00 Square Footage 576 ⁹
 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) 21 x 24 Garage
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Basement: Yes _____ No Number of Stories _____
 Sanitary: New Existing _____ Privy _____ City _____
 Type of Septic/Sanitary System conventional installed
 Mobile Home (manufactured date) 2009
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) _____ Date 3-20-10

Address to send permit 1008 Paul Ave New Richmond WI ATTACH _____
 (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 4-7-10 Permit Number 10-0065 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations. By M. Furtak Date of Inspection 4-1-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Not to be used for human habitation.

Signed Michael Furtak 4-5-10 Date of Approval _____
 Inspector _____ Rec'd for Issuance _____

APR 7, 2010

Secretarial Staff

