

ENTERED 11

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washington, WI 54891
(715) 373-6138

RECEIVED

MAR 23 2010

Application No.: 10-0306
Date: _____
Zoning District: R-1, Class 3
Amount Paid: 75
7/26/10 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 _____
Legal Description 1/4 of Section 7 Township 43 North, Range 5 West, Town of AMAKASON
Gov't Lot 3 Lot 3 Block _____ Subdivision _____ CSM # 132 Acreage 3.37
Volume 2 Page 176 of Deeds Parcel I.D. # 04-034-2-43-05-07-2 05-003-40000
Property Owner MARY MILLS WILSON GRANTOR TRUST Contractor George Welk (Phone) 715-798-3175
Address of Property 44765 BASS LAKE RD Plumber N/A
Cable, WI 54821 Authorized Agent N/A (Phone) _____

Telephone 651-645-5172 (Home) 651-481-2833 (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 _____ Basement: Yes _____ No Number of Stories 2
Estimated Cost of Construction \$25,000. Square Footage 1130 F Sanitary: New _____ Existing Privy _____ City _____
USE: _____
 * Residence or Principal Structure (# of bedrooms) 560 FT 560 FT Mound
 Residence sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____
 Residential Addition / Alteration (explain) Storage Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) GARAGE w/10ST External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____
 Residential Other (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) Mary Mills Wilson trustee Date 8/17/10 mg
Address to send permit 2364 BUFORD AVE., ST PAUL, MN 55108 ATTACH _____
Copy of Tax Statement Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 8/13/10 Permit Number 10-0306 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: well staked. Meets all setbacks Property line per owner's representations By M. Futek Date of inspection 8-12-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Not to be used for human habitation, No water under pressure in structure.
Signed Michael Futek 8-13-10 Date of Approval _____
Inspector _____

