

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

3/30/11

Application No.: 11-0062
Date: _____
Zoning District: R10/CLASS 1
Amount Paid: \$175.-
4-14-11 /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 CLASS A

Use Tax Statement for Legal Description

Legal Description S1/2 NW 1/4 of Section 27 Township 50 North, Range 4 West, Town of BAYFIELD
Gov't Lot 1, 2, 3 Block 10 Subdivision _____ CSM # 1430 Acreage 12.079
Volume 8 Page 328 of Deeds Parcel I.D. 04-006-2-50-04-281; 04-000-12000; 13000
Property Owner Steve and Nancy Apfelbaker 04-006-2-50-04-281; 05-002-10000; 22000
Address of Property B3662 5TH 13 BAYFIELD, WI 54763 Plumber _____
Telephone 751-451-2869 (Home) 651-697-8500 (Work) Written Authorization Attached: Yes No
Authorized Agent Scott McCurdy (Phone) 715-235-9061

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 N/A Addition _____ Existing _____
Fair Market Value N/A Square Footage 15,172 Ft² Basement: Yes _____ No _____ Number of Stories N/A
USE: Sanitary: New _____ Existing _____ Privy _____ City _____
Type of Septic/Sanitary System _____
 Mobile Home (manufactured date) _____

- * Residence or Principal Structure (# of bedrooms) _____
 Commercial Principal Building _____
- * Residence w/deck-porch (# of bedrooms) _____
 Commercial Principal Building Addition (explain) _____
- Residence sq. ft. _____ Porch sq. ft. _____
 Commercial Accessory Building (explain) _____
- Deck sq. ft. _____ 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) _____
 Special/Conditional Use (explain) Garage
- Residential Accessory Building (explain) _____
 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 changed 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) [Signature] Date 3/26/11
Address to send permit 316 Deerewood Ct., So. S. Paul, MN 55075 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 4/2/11 Permit Number 11-0062 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: WARRANTY METS WERE DENIED & UNITS RE APPROVED BY OWNER
PERMIT MAY BE ISSUED BY DDC BY DDC Date of Inspection 4-8-11
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: PREVENTION OF ROTAWAY MUST BE AT A MINOR THE LEAKAGE FROM BREAKDOWN
OF THE WHITE RUBBER PREVENTION
2) WOULD APPROVE FOR A DISTRICT FOR 2
WATER PURITY CERTIFICATES FOR THE
DETACHED HOUSE TO THE DISTRICT OF THE W/O
Signed [Signature] Date of Approval 4-8-11
Inspector _____ Rec'd for Issuance _____
APR 20 2011

WISCONSIN DOT
PROPERTY

