

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

Application No: 12-0121
Date: 5-16-12
Zoning District: F-11 - Class 3
Amount Paid: _____

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 NEW 1/4 of NEW 1/4 of Section 30 Township 51 North, Range 5 West, Town of Bayfield

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-006-2-51-05-30-2 02-00-10000

Property Owner Nyasha L. H. Spears & Brian Capps Contractor _____ (Phone) _____
Address of Property 25050 State Highway 13 Plumber _____
Authorized Agent Lawrence D. Spears (Phone) 218-727-8462

Telephone 715-682-4232 (Home) 715-682-4232 (Work) 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 N/A Addition _____ Existing _____
Basement: Yes N/A No Number of Stories N/A

Fair Market Value N/A Square Footage N/A Sanitary: New _____ Existing N/A Privy _____ City _____
USE: _____

* Residence or Principal Structure (# of bedrooms) _____
Type of Septic/Sanitary System _____
 Mobile Home (manufactured date) _____

Residence sq. ft. _____ 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 Accessory Building Addition (explain) _____
Residence sq. ft. _____ Garage sq. ft. _____ Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 External Improvements to Principal Building (explain) _____
 Residential Other (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) [Signature] Date 12/1/11
Address to send permit 801 Chapple Ave, Ashland WI 54806-2935 ATTACH _____

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
Date: 5-16-12 Permit Number 12-0121 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: No ADJUSTMENT or ADJUSTMENT NEARBY DOWN SITES. SOMEWHATLY ALWAYS ARE UNDEVELOPED AND
ABSENT OF VERY TALL RESIDENTIAL STRUCTURES. By DK Date of inspection 1-6-12
NO DEPOSED STRUCTURES 2200 FT AWAY TO BE ASSOCIATED OF THIS REVERSED GRAD USE --
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Record for Issuance _____

Condition: _____
MAY 16 2012
Secretary Staff [Signature] Inspector [Signature] Date of Approval _____
RECOMMENDED THAT A TRAILING CONCRETE BE CONSIDERED AS THE DRAG.
2700' OF ASHLEAF BLUE GRASS FOR 270' BOUNDS TO BE RUNNERS 4 PEGS AND BOUNDS