

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. 09-0057
 Date: _____
 Zoning District F-2
 Amount Paid: \$250 12/22/08
RDS

RECEIVED
 DEC 17 2008
 Bayfield Co. Zoning Dept.

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 1/4 of NW 1/4 of Section 32 Township 50 North, Range 4 West, Town of Bayview

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 163.74

Volume 8 Page 380 Tax of Deeds Parcel I.D. 04-008-2-50-04-32-201-000-10000

Property Owner Bayfield County Contractor Marc Abalos-Alison (Phone) _____

Address of Property Access from ski Hill Road. Plumber _____

Bayfield, WI 54814 Authorized Agent [Signature] (Phone) _____

Telephone 7153736181 (Home) _____ (Work) _____

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

Structure: New Addition _____ Existing _____

Fair Market Value \$15,000 Square Footage _____

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

Residence sq. ft. _____

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

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

Deck sq. ft. _____ Deck(2) 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) _____

Address to send permit Bayfield County Administrator's office ATTACH _____

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 3/29/09 Permit Number 09-0057 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Proposed site of test tower was flagged and approximately 3000 sq. ft. of trees will be cleared from site. Site inspection by Travis Tulewitsky Date of Inspection 3/28/2009 conducted with Mike Aronson from the Forestry Dept.

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

Condition: Per recorded affidavit.

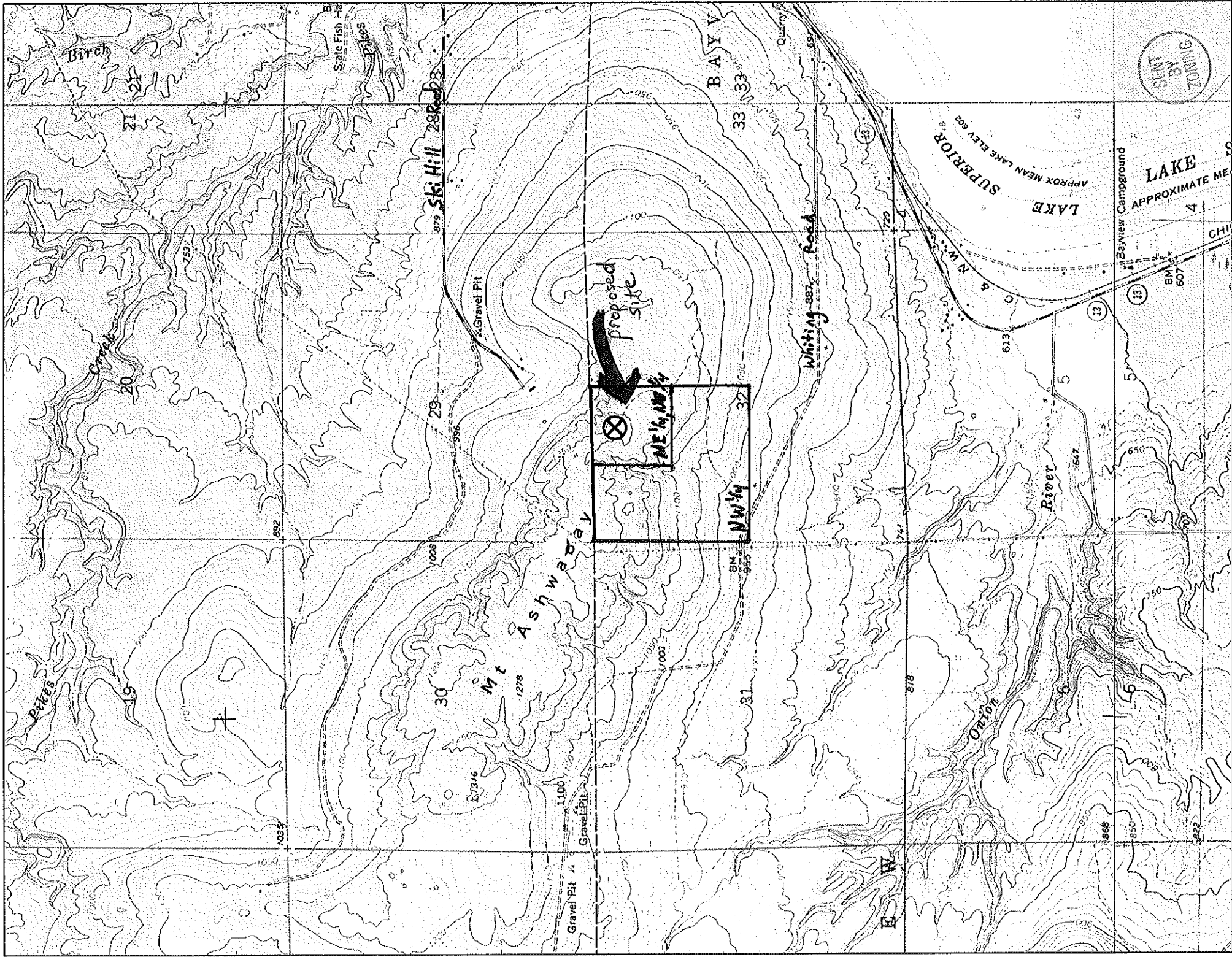
Signed Travis Tulewitsky Inspector Date of Approval 3/25/2009

SENT BY _____
 ZONING

Rec'd for Issuance

MAR 31 2009

Secretarial Staff



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