

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.: 09-0265  
 Date: \_\_\_\_\_  
 Zoning District: R-RB / Class 1+3  
 Amount Paid: 75. - 6/30/09 *dak*

**R** E C E I V E D  
 JUN 26 2009  
 Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield County Zoning Department. 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 Section 16 Township 49 North, Range 4 West, Town of Bayview  
 Gov't Lot 2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 17.13

Volume 549 Page 247 of Deeds Parcel I.D. 04-008-2-49-04-16-2 05-002-10000  
 Property Owner MICHAEL JACKSON (Jackson) Contractor Latitudes Landscaping (Phone) \_\_\_\_\_  
 Address of Property 29550 ST HWY 13 Plumber \_\_\_\_\_  
WASHBURN, WI 54891 Authorized Agent \_\_\_\_\_  
 Telephone 715 373-5533 (Home) 715 209-2544 (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Fair Market Value 11,000 Square Footage 280  
 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) GREENHOUSE
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (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 \_\_\_\_\_  
 Address to send permit 29550 STATE HWY 13, WASHBURN, WI 54891 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 7-2-09 Permit Number 09-0265 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Meets code requirements for owner's representation. Owner present at time of inspection verified proposed greenhouse location. By Travis Teubergly Date of Inspection 6/26/2009  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Shell not be used for commercial purposes unless proper permits are obtained.  
 Signed Travis Teubergly Inspector Date of Approval 6/26/2009  
**Rec'd for Issuance**