

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

RECEIVED
OCT 21 2009

Bayfield Co. Zoning Dept.

Application No: 09-0583
Date: _____
Zoning District: R-BB
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: NE 1/4 of SW 1/4 of Section 17 Township 49 North, Range 5 West, Town of Bayview

Gov't Lot 2+3 Lot 2 Block 3 Subdivision _____

CSM # 1231 Acreage 1.17, 1.37, 1.08

Volume 1026 Page 507-9 of Deeds _____ Parcel I.D. _____

04-008-2-49-05-17-201-000-50000

04-008-2-49-05-17-301-000-50000

04-008-2-49-05-17-301-000-50000

Property Owner Bremer Bank, NA Contractor NA (Phone) _____

Address of Property 26420-1/2, 3/4, 5/6 Plumber _____

Freedom Valley Dr., Washburn, WI 54891

Authorized Agent _____ (Phone) _____

Telephone _____ (Home) 715-373-6381 (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 _____ Addition _____ Existing

Basement: Yes _____ No Number of Stories 1

Fair Market Value _____ Square Footage _____

Sanitary: New _____ Existing City _____

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

Type of Septic/Sanitary System Conventional

* Residence or Principal Structure (# of bedrooms) _____

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. _____

Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____

Special/Conditional Use (explain) Short-term Rental of duplexes

Residential Accessory Building (explain) _____

External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

External Improvements to Accessory Building (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) _____ Date 10-2-09

Owner or Authorized Agent (Signature) _____ Date 10-2-09

Address to send permit P.O. 278 Richard M. Geisen, President MKT Megger ATTACH

Address to send permit _____ 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 327454

Date 1999

Date 12/28/09

Permit Number 09-0583

Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Existing short-term rentals seeking Conditional Use permit. Three (3) duplexes on individual properties. Wehalla Trail Subdivision Plat reconfigures the lots to have a minimum of 60,000 sq. ft. Travis Telowitzky Date of inspection 11/08/2009

Adequate parking and each duplex has a septic system.

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

Condition: Per recorded Affidavit - no addl conditions except

Permit continues w/ property of Geisen sold.

Signed _____

Date of Approval 12/28/2009

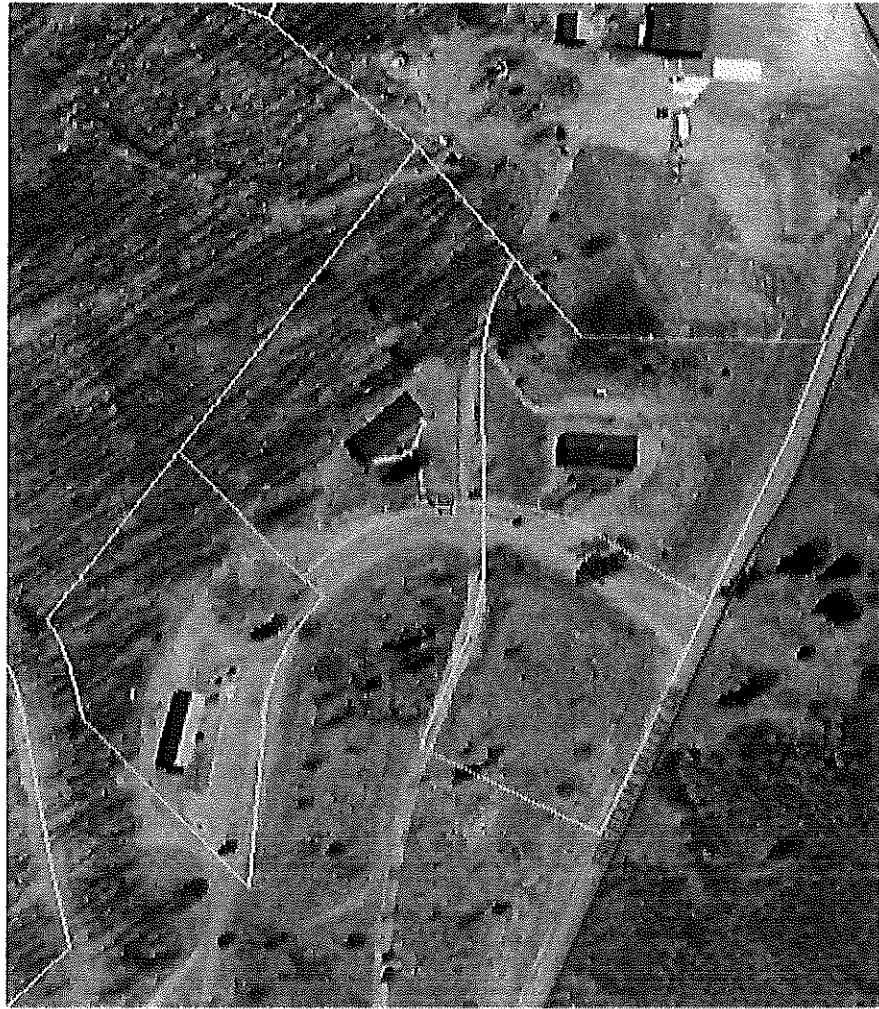
Inspector _____

Rec'd for Issuance _____

DEC 28 2009

Secretarial Staff

SENT BY TOWING



0 0.01 0.02 mi

