

ATF

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

APR 19 2010

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

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 5 1/3 1/4 of NW NE 1/4 of Section 21 Township 49 North, Range 4 West, Town of Bayview

Gov't Lot _____ Lot _____ Block _____ Subdivision _____

Volume 929 Page 9 of Deeds Parcel I.D. 04-008-2-49-04-21-102-000-20000

Property Owner Terry R. Cedig Contractor S.C. Pieterrek Const. (Phone) 292-3137

Address of Property 28780 Hwy 131A Plumber _____

Washburn WI 54891 Authorized Agent _____ (Phone) _____

Telephone 373-0347 (Home) _____ (Work) _____

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

Fair Market Value 2988.13 Square Footage 115

Sanitary: New _____ Existing Privy _____ City _____

Type of Septic/Sanitary System A.T.

Mobile Home (manufactured date) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) _____

External Improvements to Principal Building (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) Terry R. Cedig Date 4-15-2010

Address to send permit Same as Above ATTACH _____
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: 33 State Sanitary Number _____ Date _____

Date 4-24-10 Permit Number 10-0089 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: A.T.F permit application for new deck to rental cabin. Meets code requirements. By Travis Tubowitzky Date of Inspection 4/20/2010

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

Condition: _____

Signed Travis Tubowitzky Date of Approval 4/20/2010
Inspector

REC'D FOR ISSUANCE

APR 23 2010

Secretarial Staff