

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**

RECEIVED

APR 12 2010

ENTERED

Application No.: 10-0086
Date: _____
Zoning District: B-RB
Amount Paid: \$75 4/9/10 / mg

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 NW 1/4 of SE 1/4 of Section 17 Township 49 North, Range 5 West, Town of Bayview

Gov't Lot 1 Block _____ Subdivision Freedom Valley CSM # 1661 Acreage 2.43

Volume 998 Page 315 of Deeds Parcel I.D. 04-008-2-49-05-17-4 00 -176-15000

Property Owner Michael J. & Kelly A. Calligan Contractor Randy Doyke (Phone) 715-292-2681

Address of Property 26775 Freedom Valley Drive Plumber _____
Washburn, WI, 54891 Authorized Agent Randall Doyke (Phone) 715-292-2681

Telephone 763-389-8689 (Home) 763-389-4400 (Work) Written Authorization Attached: Yes No

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

Structure: New _____ Addition Existing _____ Number of Stories 1

Fair Market Value 1,750.00 Square Footage 444 sq. ft. Sanitary: New _____ Existing Privy _____ City _____

USE: Type of Septic/Sanitary System conventional

* Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____
Deck sq. ft. _____ Deck(2) sq. ft. _____

* Residence w/ attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) Remove roof over entrance

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (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) Randall J. Doyke Date April 7-2010

Address to send permit 29515 Wedal Rd. Washburn, WI, 54891 ATTACH _____
Copy of Tax Statement or _____
(If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 4/23/10 Permit Number 10-0086 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Mark made telephone calls per agents representation. Agent present at time of inspection verified proposed roof addition and property has been surveyed.
By Travis Taborsky Date of Inspection 4/20/2010

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

Condition: _____

Signed Travis Taborsky Inspector Date of Approval 4/20/2010
REC'D for ISSUANCE

APR 23 2010