

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**

ENTRANCE
 Application No.: 10-0425
 Date: _____
 Zoning District: R-18/1
 Amount Paid: 75 10/5/10
mg

RECEIVED
 OCT 1 2010
 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 Valhalla Trail/ Subdivision

Legal Description 1/4 of Section 17 Township 44 North, Range 5 West, Town of Bayfield

Gov't Lot 17 Block _____ Subdivision Valhalla Trail CSM # _____ Acreage 1.59

Volume 24 Page 24 of Deeds Parcel I.D. 08-066-24-05-113 00-336-17000

Property Owner Terry + Beverly Reiten Contractor Bob Klein (Phone) 715-209-2321

Address of Property 26420 Freedom Valley Rd Plumber _____

#5/6 Bayview, WI 54814 Authorized Agent _____ (Phone) _____

Telephone 952-472-1149 (Home) 651-487-3850 (work) Written Authorization Attached: Yes No

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

Structure: 'New' Addition Existing _____

Fair Market Value \$15,000 Square Footage 576

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) 2 Car Garage

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) [Signature] Date 10/1/2010

Address to send permit 5926 Hawthorne Rd. Mound, MN 55364

Per owner request 10/15/10 send to B.Klein 61200 Neely ATACH copy of Tax Statement or 54855

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 327453 Date 10/1/10

Date 10/15/10 Permit Number 10-0425 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SHORELAND SEVERITY/CONDITIONS AS DEMONSTRATED BY CUBEL APPEARS TO MEET ALL

APPLICATOR CDE WRENS By DOC Date of Inspection 10-11-10

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

Condition: _____

Signed [Signature] Date of Approval 10-11-10

Inspector _____

SHORELAND SEVERITY 98-4650

ATTACHED GARAGE

Rec'd for Issuance

OCT 15 2010

Staff

Distance from Cabin to Garage 15-20ft.
Garage to be built 24' x 24'

