

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
 DEC 10 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

Legal Description 1/4 of Section 22 Township 49 North, Range 04 West, Town of Bayview

Gov't Lot 1 Lot Block _____ CSM # _____ Acreage 3.965

Volume 1032 Page 166 of Deeds Parcel I.D. 04-008-2-49-04-22-3 05-001-01000

Property Owner Michael Garnick Contractor Seif-Owner Build (Phone) _____

Address of Property 78560 Bodin Rd. Plumber Wroblewski _____

Washburn, WI 54891 Authorized Agent _____ (Phone) _____

Telephone 702-459-3414 (Home) 702-633-1713 (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 _____

Fair Market Value \$240,000 Square Footage 2542

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

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) 3

Residence sq. ft. 2542 Porch sq. ft. 324

Deck sq. ft. 342 Deck(2) sq. ft. 340

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

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. (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) Michael Garnick Date 12/5/2010

Address to send permit 6398 Enchanting Ct. Las Vegas, NV 89156 ATTACH

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 90785 Reconnect Date 1987

Date: Permit Number _____ Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Safety/Conditions AS REPRESENTED BY OWNER (SUBMIT) APPEARS TO BE

CODE COMPLIANT & NO PERMIT MAY BE ISSUED BY CDDC. Date of Inspection 12-13-10

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

Condition: A different DRAINAGE (D/C) PERMIT FROM THE EXISTING DRAINAGE OR INTERFERE DRAINAGE

MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Signed [Signature] Inspector [Signature] Date of Approval 12-13-10

THE TERMS & CONDITIONS OF THE AGREEMENT MUST BE ACCEPTED BY THE APPLICANT.

ALL UTILITIES PLANS

STRUCTURE SHALL NOT EXCEED 35' IN HEIGHT

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