

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
 AUG 08 2011
 Bayfield Co. Zoning Dept

Application No.: 11-00886
 Date: 8/08/11
 Zoning District: RRTS/Cass 1
 Amount Paid: \$175.00 PDS
8/8/11

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 _____ 1/4 of Section 16 Township 49 North, Range 4 West, Town of Bayview
 Gov't Lot _____ Lot 132 Block _____ Subdivision _____ CSM # 1720 Acreage 0500305100
 Volume 1049 Page 193 of Deeds Parcel I.D. 040082490464 - 0500305100
 Property Owner Karen Johnson Contractor SWK (Phone) _____
 Address of Property 79300 Howell Dr. Plumber _____ (Phone) _____
Washburn, WI 54891 Authorized Agent _____ (Phone) _____
 Telephone 715-373-2392 (Home) 715-292-1286 (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 \$,000 yr. Square Footage 5,450 Ft² Basement: Yes _____ No Number of Stories _____
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System On Ventilated
 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) Shoreland Ordinance
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____
 Residence sq. ft. _____ Deck(2) sq. ft. _____
 * 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) _____

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) Karen M Johnson Date 8-9-11
 Address to send permit: SAWE AS ABOVE ATTACH _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 8/08/11 Permit Number 11-00886 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Report: Project done for when the 75' Ordinance became Active. Given it is of the 2004's
And it's changed BY DRC Date of Inspection 8/11/11
Failure and setbacks - checked to be correct Variance (B.O.A.) # _____
 Mitigation Plan Required: Yes No
 Condition: No VAD Disturbances or failures identified why do not do 50' or the
Ordinary Act with view of the view.
 Signer: [Signature] Inspector Date of Approval 8/19/11

\$175.00



