

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**  
 NOV 13 2012  
 Bayfield Co. Zoning Dept.

Application No.: 12-0479  
 Date: 12-17-12  
 Zoning District: R-1B/ CLASS 1  
 Amount Paid: \$175 11-14-12



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 33 Township 5D North, Range 4 West, Town of Bayview  
 Gov't Lot 2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 143 Acreage 1.67  
 Volume 764 Page 724 of Deeds Parcel I.D. 04-008-2-50-04-33-4 05-002-05000  
 Property Owner Jean & Lane Barks - Mark & Connie Greylock Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 82340 State Hwy 13 Pumber \_\_\_\_\_  
Bay Field, WI 54814 Authorized Agent Winfield Linn (Phone) 715 209 1761  
 Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (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   
 Basement: Yes  No  Number of Stories 1  
 Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
 USE: \_\_\_\_\_  
 Type of Septic/Sanitary System Holding Tanks - 2

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) 3
- 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) \_\_\_\_\_
- 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) Nightly rental
- 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 local ordinances to have access to the above described property at any reasonable time for the purpose of inspection.  
 Owner or Authorized Agent (Signature) \_\_\_\_\_ Date 11.8.12  
 Address to send permit 225 E. Lynde Ave. Bayfield, WI 54814 ATTACH  
 Copy of Tax Statement or  
 Attach a Copy of Recorded Deed)

\* See Notice on Back  
 APPLICANT - PLEASE COMPLETE REVERSE SIDE  
 Permit Issued: \_\_\_\_\_ State Sanitary Number 21530 Date 2012  
 Date 12-17-12 Permit Number 12-0479 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Hardware (Nuts) attached makes imp to be drilled  
Garage (Nuts/AT) By DL Date of Inspection 11-15-12  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: The amount number of accounts is limited to six (6) third class (the Bayfield County of  
The on-site wastewater treatment system  
A tower nearby house. Contact town the signed  
Approved county water department must also be  
approved prior to install  
 Inspector \_\_\_\_\_ Date of Approval 11-15-12

# Bayfield County, WI

