

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
MAY 06 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0377
Date: As
Zoning District: AS
Amount Paid: \$125.00 ADS
5/6/08

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
Legal Description S 330' 1/4 of S 1/2 NW 35 Township SIN North, Range 6W West, Town of Bell
Gov't Lot Lot Block Subdivision CSM # Acreage 10
Volume 969 Page 781 of Deeds Parcel I.D. # 07-010-8030 Use Tax Statement for Legal Description
Property Owner ARNE "HANK" LARSEN Contractor Self (Phone) 794-2232
Address of Property HOME yet STRIKE RD. Plumber Ed Wroleski (Phone) 373-5808
Conkora wk Authorized Agent
Telephone 794-2232 (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
Estimated Cost of Construction 25K Square Footage 768 Sanitary: New Existing Privy City

USE: Residence of Principal Structure (# of bedrooms) 1 Mobile Home (manufactured date)
 Residence wideck-porch (# of bedrooms) Commercial Principal Building
 Residence sq. ft. Porch sq. ft. Commercial Principal Building Addition (explain)
 Deck sq. ft. Deck(2) sq. ft. Commercial Accessory Building (explain)
 Residence w/attached garage (# of bedrooms) Commercial Accessory Building Addition (explain)
 Residence sq. ft. Garage sq. ft. Commercial Other (explain)
 Residential Addition / Alteration (explain) Special/Conditional Use (explain)
 Residential Accessory Building (explain) 766 00L 7-30-08 External Improvements to Principal Building (explain)
 Residential Accessory Building Addition (explain) External Improvements to Accessory Building (explain)
 Residential Other (explain)

Revised Permitted
To be used
See 7-30-08

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) [Signature] Date 4/22/08
Address to send permit POB 93 GRAND VIEW, WI 54839 ATTACH
Copy of Tax Statement
If you previously 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 7-30-08 Permit Number 08-0377 Permit Denied (Date)
Reason for Denial:
Inspection Record: STRUCTURAL SETBACK/CONDITIONS AS REPRESENTED BY ASSESSOR AGREES TO BE CODE COMPLIANT & NO FURTHER WORK BE ISSUED BY CONDITIONS. BY DOC Date of Inspection 5-16-08
Mitigation Plan Required: Yes No Variance (B.O.A.) #
Conditions: STRUCTURE MAY NOT BE USED FOR LIVNG SPACE OR DEMOL ABANDON UNLESS ALL APPLICABLE ZONING & STATUTORY CODES ARE FULLY MET
Signed [Signature] Inspector Rec'd for Issuance
Date of Approval JUL 30 2008
Secretary Staff

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
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P.O. Box 58
Washburn, WI 54891
(715) 373-6138

SEP 14 2007
Bayfield County Building Dept

Application No: 08-0382
Date: _____
Zoning District: R-13 / CLASS 1
Amount Paid: \$150.00 P&S
9/17/07

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
Please see description on Attached Tax Bill
Legal Description: 1/4 of Section 33 Township 51 North, Range 6 West, Town of Bell
Gov't Lot 16-17 Block 2 Subdivision CSM # Acreage _____
Volume _____ Page _____ of Deeds _____ Parcel I.D. # _____ Use Tax Statement for Legal Description _____
Property Owner Donald & Elizabeth A. Carlson Contractor Don McFeteem (Phone) 715 779 0202
Address of Property 21640 Blueberry Lane Plumber Chris Guy
Cornusopia, WI Authorized Agent [Signature] (Phone) _____
Written Authorization Attached: Yes No

Telephone 715 742 3238 (Home) 762241 9020
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 2
Estimated Cost of Construction \$50,600 ± Square Footage 3350 ± Sanitary: New Existing Privy City

USE _____
Residence or Principal Structure (# of bedrooms) 6
Residence sq. ft. _____
Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. 2600 ± Deck 380 ±
Deck 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) _____

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Owner or Authorized Agent (Signature) [Signature] Date 9/12/07
Address to send permit 7737 N. Range Line Rd, Mequon, Wis 53092 ATTACH
Copy of Tax Statement
If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number city Date _____
Date 7/31/08 Permit Number 08-0382 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: EXISTING STRUCTURE IS NOT CONFORMING RELATIVE TO THE FLOORPLAN ORDINANCE - FOOD STUDY
AT THIS POINT COORDINANCE IS REQUIRED BY DEC Date of Inspection 9-21-07
REQUESTED FOR AN MEET AT APPROPRIATE OFFICES
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed [Signature] Inspector [Signature]
Date 7-17-08
Discipline/Insurance _____
JUL 31 2008
Secretarial Staff

First Floor Footprint

