

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Wausauburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 05 2009

Bayfield Co. Zoning Dept.

Application No. 09-0140
Date: _____
Zoning District R-3/-
Amount Paid: \$175

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: SE 1/4 of SW 1/4 of Section 26 Township 51 North, Range 6 West, Town of Eau Claire

Gov't Lot _____ of _____ Block _____ Subdivision _____ CSM # _____ Acreage 38.04

Volume 510 Page 425 Parcel I.D. 04-010-2-51-06-26-3-04-000-10000

Property Owner: Susan Chardoin Contractor: Self (Phone) _____

Address of Property: 23540 State Hwy 13 Plumber _____

Telephone: 715-742-3959 (Home) (Work) _____ Authorized Agent _____ (Phone) _____

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 1/2

Fair Market Value _____ Square Footage _____ Sanitary: New Existing Privy City _____

USE: Type of Septic/Sanitary System: Holding Tank

* 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) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Special/Conditional Use (explain) SHOW - TEAM FESTIVAL

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Owner or Authorized Agent (Signature) Karen & Chardoin Date 5/5/09

Address to send permit P.O. Box 305, Cornucopia, WI 54827 ATTACH

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 5/5/09 Permit Number 09-0140 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: (EXISTING STRUCTURE FOR SITE) UNINHABITED NON-SHORELAND

HOW FAR ONLY ONE (1) UNIT BY DDC DATE 5-1-09

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

Condition: See notes conditions. - None placed by Town

Inspector: [Signature] Rec'd for Issuance of Approval

Signed: [Signature] G-104

MAY 15 2009

Secretarial Staff



Rental

0 0.02 0.04 mi

Query Results

Parcel Owner	Legal Description
JOSEPH L and KAREN L CHAUDOIN PO BOX 305 CORNUCOPIA WI 54827	SE SW LESS PAR FOR HWY IN V.514 P.167 442
Location	History
Section 26, Town 51 N, Range 06 W	560-425
New PIN	Old PIN
04-010-2-51-06-26-3 04-000-10000	010105901000
Land Value	Total Acres
93000.000000	38.03800
Improvement Value	
286300.000000	