

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

Application No. 09-0313
Date: _____
Zoning District P-1 / CLASS C
Amount Paid: \$175
7/29/09 mf

RECEIVED
JUL 16 2009
BAYFIELD COUNTY 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 2 1/4 of Section 20 Township SO North, Range 6e West, Town of Bell
Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage .506
Volume SO79 Page 261 of Deeds Parcel I.D. 010-1032-06

Property Owner DANIEL O'BRYEN Contractor _____ (Phone) _____
Address of Property CORNUCOPIA, WI 54827 Authorized Agent _____ (Phone) _____
Telephone _____ (Home) _____ (Work) _____

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 30,000 Square Footage 300 Sanitary: New _____ Existing Privy _____ City _____
USE: _____ Type of Septic/Sanitary System EXISTING GULLERATION KIT (MOBILE)

* 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) _____

FAILURE TO OBTAIN A PERMIT OF 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) R. O'Brien Date 6/20/09
Address to send permit 2438 Lough Lane Hertford Wisc 53027 ATTACH _____
* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 69822 Date 1985
Date 8/4/09 Permit Number 09-0313 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: EXISTING RESIDENTIAL SEWER (VERY PROBABLY) NOT CONFORMING TO STATELAND EXISTING POULT. PERMIT MAY BE BASED ON EXISTING Date of Inspection 7-23-09
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: A PERMIT FROM THE BAYFIELD COUNTY HEALTH DEPARTMENT FOR A SHORT-TERM PERMIT ACCOMMODATION IS ALSO REQUIRED FOR THIS LAND USE.
Signed [Signature] Inspector
Date of Approval 7/23/09
Date of Issuance JUL 30 2009

Secretarial Staff

