

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

APR 19 2010

Application No.: 10-0090
Date: _____
Zoning District: R-1 (class C)
Amount Paid: 75 4/19/10 mg

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 Section 31 Township 51 North, Range 06 West, Town of Bell
Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 11.8 acres
Volume _____ Page _____ of Deeds _____
Property Owner Matthew J. & Estella M. Ramczyk Contractor Matt Ramczyk (Phone) 218-828-3769
Address of Property 19800 Mountain Ash Road Plumber N/A

Cornucopia, WI 54827
Telephone 715-742-3953 (Home) 218-851-1886 (Work)

Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
Written Authorization Attached: Yes No

Structure: New Addition _____ Existing _____
Fair Market Value \$ 15,000 Square Footage 1368
USE: _____
 * Residence or Principal Structure (# of bedrooms) _____
Distance from Shoreline: greater than 75' 75' to 40' less than 40'

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) Garage
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Basement: Yes _____ No Number of Stories 1
Sanitary: New _____ Existing Privy _____ City _____
 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) _____
 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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) _____ Date 4-15-10
Address to send permit 1307 Bailey Ave Washburn, WI 54801

* 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 4/23/10 Permit Number 10-0090 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Structure Satisfies Conditions as Represented by Owner Appears to be Code Compliant & w. Permit Info By DC Date of Inspection 4-19-10

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

Owner Agent Signed _____ Inspector _____
Date of Approval 4-19-10
Rec'd for Issuance

APR 23 2010

Secretarial Staff