

ENTERED

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

Application No: 10-0300
 Date: _____
 Zoning District: R1/CBMS 1
 Amount Paid: 125-
125-ATF
8/9/10 mlj

RECEIVED
 AUG 06 2010

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: North of SH 13 1/4 of Section 6 Township 50 North, Range 6 West, Town of BEL

Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 23.15

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-010-2-50-06-06-2 05-001-9000

Property Owner Scott O'Malley Contractor SELF (Phone) _____
 Address of Property 19370 STATE HIGHWAY B Plumber _____
Conkora WI 54827 Authorized Agent _____ (Phone) _____

Telephone 612-987-1891 (Home) _____ (Work) _____

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

Structure: New _____ Addition _____ Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Fair Market Value 1,000 Square Footage 94 Basement: Yes _____ No Number of Stories 1
 Sanitary: New _____ Existing _____ Privy City _____

USE: * Residence of Principal Structure (# of bedrooms) 1 10 ft x 10 ft Mobile Home (manufactured date) _____
 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) _____
- 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 is based upon my (our) knowledge and belief that it is true, correct and complete. I (we) further accept liability which may be a result of Bayfield County relying on this information (we) 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) Scott O'Malley Date 8/2/10

Address to send permit 1024 Third St. Hudson, WI 54016 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 Privy attend Date _____

Date 8/13/10 Permit Number 10-0300 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Seepage/Condition as witnessed by assessor appear to meet applicable code requirements & permit may be issued By DL
 Date of Inspection 8-10-10

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

Condition: No findings other than a few minor fixtures may be installed w/d skid signature
business it is served by a suitable & approved wastewater treatment system.

Signed [Signature] Date of Approval 8-11-10

Inspected [Signature] **Rec'd for Issuance** _____

AUG 11, 2010

Secretarial Staff



© 2009 Pictometry