

APPLICATION FOR RECREATIONAL VEHICLE

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

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 (Stemwedel)

Applicant JAMES & PATTI SIEMWEDER

Mailing Address 2790 PARKWOOD DR

GREEN BAY, WI 54304

Telephone 920-544-9687

Accurate Legal Description involved in this request:

SE 1/4 of NW 1/4 of Section 35 Township 51 N. Range 06 W. Town of BELL 1710

Gov't Lot 1 **Block** N/A **Subdivision** N/A **CSM #** 1306 M10

Volume Page of Deeds **Parcel I.D. #** 04-010-2-51-06-35-1 **Acres** 2.0 7.50
03-000-70000

Additional Legal Description:

Is your RV in a Shoreland Zone? Yes No if Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: **New** **Replacement** **Vin #** 4PXTS2B2131023676

Make of RV: "KODIAK" (SKKO) **Model of RV:** KODIAK (BY SKAMPER)

ATTACH
Copy of Tax Statement

FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only	
Permit Issued:	Sanitary Number _____ Date _____
Issuance Date <u>10/13/10</u>	Permit Number <u>10-0412</u> Permit Denied (Date) _____
Reason for Denial:	_____
Inspection Record: <u>INSPECTION BY PERMIT MAY BE ISSUED</u>	<u>PLANS BEING REVISION OF CONSTRUCTION</u>
UNRECORDED BY: _____	Date of Inspection <u>5-6-10</u>
Variance (B.O.A.) #:	_____
Condition: <u>RV may be placed up to 4 months from issuance date.</u>	Must be removed by: _____
Signed <u>[Signature]</u>	Date of Approval <u>5-6-10</u>
Inspector	Rec'd for Issuance

OCT 13, 2010

Secretarial Staff

Office Use:
 Application No. 10-0412
 Date _____
 Fee Paid 75
5440 M10

Class A Spcl \$175
RDS 5/20/10

Property Address LAKEVIEW DRIVE
of RV
PARCEL ID No. 04-010-2-51-06-35-1
03-000-70000.

Written Authorization Attached: Yes () No ()

Zoning District: AG-1

Town of BELL

CSM # 1306 M10

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UNRECORDED BY: _____ **Date of Inspection** 5-6-10

Variance (B.O.A.) #: _____

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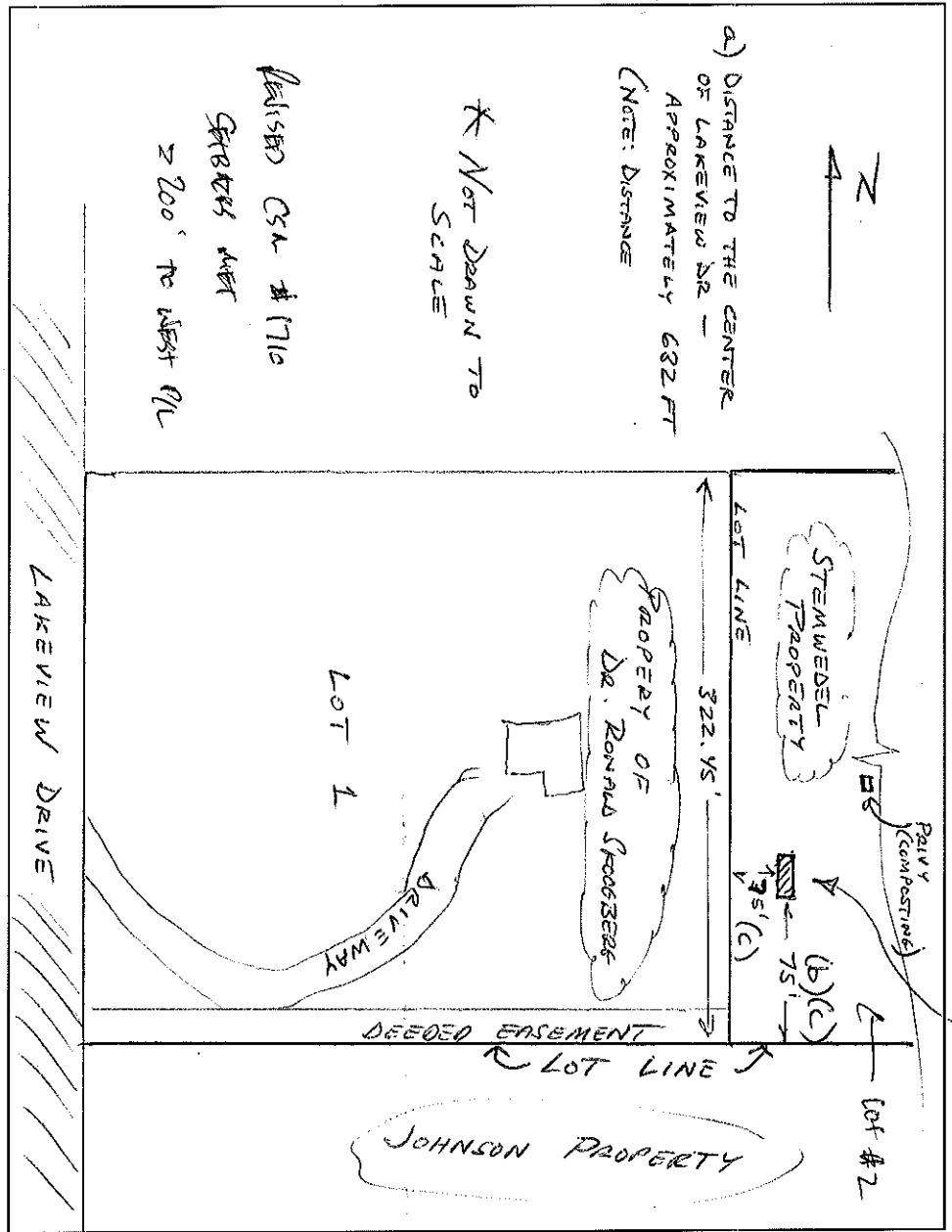
Signed [Signature] **Date of Approval** 5-6-10

Inspector

Rec'd for Issuance

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the RV (Recreation Vehicle) location
3. Show dimensions in feet on the following:

- a. RV from centerline of road(s).
- b. RV from right-of-way line
- c. RV from property lines
- d. RV from lake, river, stream or pond N/A
- e. RV from Privy with BE APPROXIMATELY 50 FT. ONCE CONSTRUCTED. *LOCATION REQUESTED FOR RV



NOTICE: The local town, village, city, state or federal agencies may also require permits.

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 29 APRIL 2010
 Address to send permit 2790 PARKWOOD DR., GREEN BAY, WI 54304