

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  
 MAR 31 2011

Application No.: 11-0056  
 Date: \_\_\_\_\_  
 Zoning District: R-1/CLASS 1  
 Amount Paid: \$375  
4-14-11/mj

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 31 1/4 of Section 51 Township 51 North, Range 6 West, Town of Bell  
 Gov't Lot 1 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1033 Acreage 4.4

Volume 9 Page 354 of Deeds Parcel I.D. 04-010-2-5106-31-4 05-001-11000

Property Owner MacNeil Vacation Home Trust (Richard + Mary) Contractor Marshall Hansen (Phone) (218) 393-1877

Address of Property 19890 Mountain Ash Rd. Plumber Blakeman Pkg + Htg, Inc.

Cornucopia, WI 54828 Authorized Agent C+S Design + Eng, Inc (Phone) 715-682-0330

Telephone (319) 337-7372 (Home) (319) 321-3899 Written Authorization Attached: Yes  No

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  house Basement: Yes  No \_\_\_\_\_ Number of Stories 2  
 Fair Market Value \$125,000 Square Footage 1,500 (+/-) Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System Holding Tank

\* Residence sq. ft. \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) New Roof / Root Repairs  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) 220 sq ft garage addition  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Owner or Authorized Agent (Signature) David MacNeil / Mary S. MacNeil Date 3-22-11

Address to send permit c/o C+S Design + Engineering, Inc. 803 Lake Shore Dr. W. ATTACH  
Ashland, WI 54806 Copy of Tax Statement or  
 (If you recently purchased the property Attach a Copy of Recorded Deed)

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number 14839 Date MRS

Date 4-14-11 Permit Number 11-0056 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: NO EXPANSION OF FOOTPRINT. EXISTING STRUCTURE W/O PERMIT MAY BE ISSUED

PAUSE HIS TRAIL SERVICE By DR Date of Inspection 4-7-11

RESIDENTIAL USE Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_

Aut. Rejected of Hoose = 207 Signed [Signature] Inspector [Signature] Date of Approval 4-7-11

Permit for Issuance

APR 14 2011

Secretarial Staff



Pavilion

PRE-EXISTING STRUCTURE

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