

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
 MAY 15 2011

Bayfield Co. Zoning Dept.

Application No.: 11-00700
 Date: _____
 Zoning District: R-1 (CLASS) CC
 Amount Paid: \$100
4-19-11/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 SW 1/4 of N60 1/4 of Section 34 Township 51 North, Range 06 West, Town of Bell

Gov't Lot 4 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.56

Volume 1049 Page _____ of Deeds Parcel I.D. 04-010-2-51-06-34-2 05-04-10000

Property Owner Roger & Nancy Lindgren Contractor OWNER (Phone) _____

Address of Property Blueberry Lane Cornucopia Plumber _____ (Phone) _____

Telephone 281 376 5408 (Home) _____ (Work) _____ Authorized Agent Bill Erickson (Phone) 715-204-3977

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 \$3,000 Square Footage 21200 Basement: Yes _____ No Number of Stories _____

USE: _____ Sanitary: New _____ Existing _____ Privy _____ City

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____

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. _____ Deck(2) 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) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) Boardwalk

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) Bill Erickson Date 4/15/2011
 Address to send permit 28620 STATEY 137 Ashland 54806 ATTACH _____
 * See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number 08-1165 Date 4/15/11
 Date 4-21-11 Permit Number 11-0070 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Due to existing driveway near a utility structure is necessary for access to the structure By DDC Date of Inspection 4.21.11

Mitigation Plan Required: Yes No
 Condition: Structure may not exceed 60' (6) ft. in width. Variance (B.O.A.) # _____

Signed _____ Date of Approval 4.21.11
 Inspector _____ Recd for Issuance _____