

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
PERMIT RECEIVED

APR 15 2011

Bayfield Co. Zoning Dept.

Application No: 11-0079
 Date: 4-29-11
 Zoning District: R-1/CAS 1 CT.
 Amount Paid: \$1050.
4-19-11/mjg

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 S00 1/4 of A000 1/4 of Section 34 Township S1 North, Range 06 West, Town of Bell

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

Volume 1097 Page 737 of Deeds Parcel I.D. 04-010-2-51-26-34-2 05-024-10000

Property Owner Ragan and Dancy Lindgren Contractor owner (Phone)

Address of Property Bel issued Plumber Ed Wosylenski

Telephone 261-376-5408 (Home) (Work) Authorized Agent Bill Erickson (Phone) 715-269-3977

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 Basement: Yes No Number of Stories 2

Fair Market Value \$350K Square Footage 4380 Sanitary: New Existing Privy City A

USE: Residence or Principal Structure (# of bedrooms) 3 , type of Septic/Sanitary System

Residence sq. ft. 3120 Mobile Home (manufactured date)

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

Residence sq. ft. 264 Porch sq. ft. 304 Commercial Principal Building Addition (explain)

Deck sq. ft. Deck(2) sq. ft. Commercial Accessory Building (explain)

Residence w/attached garage (# of bedrooms) 3 Commercial Accessory Building Addition (explain)

Residence sq. ft. 3120 Garage sq. ft. 728 672 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)

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 Apr 14 2011
 Address to send permit Bill Erickson 28020 State Hwy 137 Ashland 54806 ATTACH

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 (If you recently purchased the property Attach a Copy of Recorded Deed)
 Copy of Tax Statement or
 State Sanitary Number 0149 Date

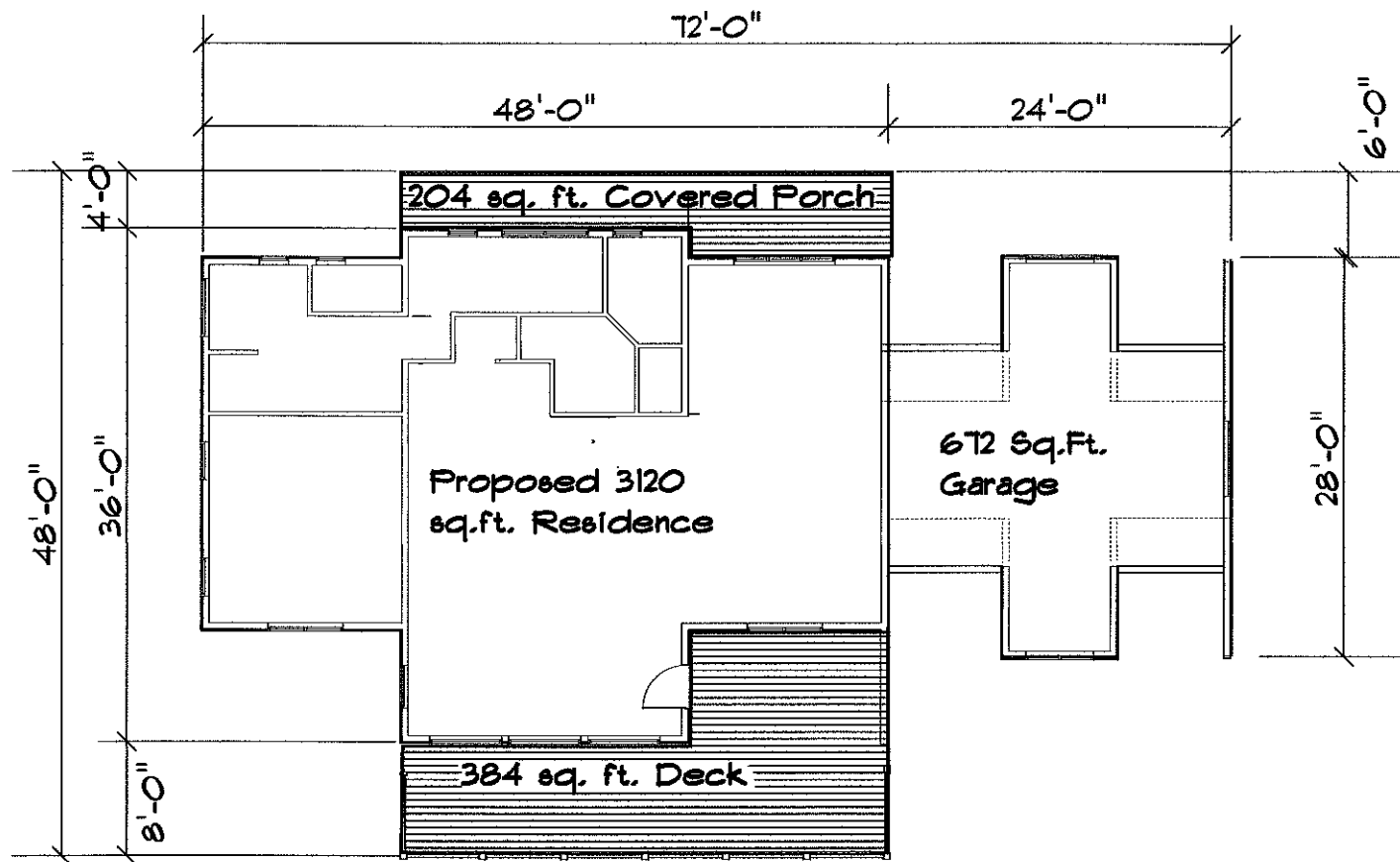
Permit Issued: Permit Number 11-0079 Permit Denied (Date)
 Date 4/29/11

Reason for Denial:
 Inspection Report: Issue is located within the sanitary district for Bay St. Francis Children's Hospital
represented by contractor means to be the contractor & permit was issued by contractor
 By Date of Inspection 4/28/11

Mitigation Plan Required: Yes No
 Condition: Adition already done (well) result from the existing configuration etc. in general they
may be obtained upon to take start of construction
Structure was 26' to 43' from centerline & no greater than 35' to street
Rec'd for issuance 4/28/11

Signed Inspector Date of Approval APR 29 2011
Need the from Anthony Ostera
 Secretarial Staff

NOTE - A ABOVE - RUNDUP ANALYSIS HAS BEEN CONDUCTED FOR THIS AREA AS IT IS IN A ZONE - A
 GOOD HAZARD AREA & GOOD EXISTING IS ABOVE THE GOOD EXISTING.



Scale: 1" = 15'-0"

Owner: _____

Roger and Nancy Lindgren

Owner Address: _____