

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**  
 JUN 14 2011  
 Bayfield Co. Zoning Dept.

Application No: 11-0192  
 Date: 7-1-11  
 Zoning District: R-RB  
 Amount Paid: \$75.00 RD\$  
CASH 6/14/11

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 SE 1/4 of NE 1/4 of Section 10 Township 50 North, Range 6 West, Town of Kell

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 5.66

Volume 346 Page 403 of Deeds Parcel I.D. 04010250061010400030000

Property Owner HERMAN JOHANSON Contractor Art APPE (Phone) 205 5000

Address of Property BLESS CITY Hwy C Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-742-3571(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ 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 \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No  Number of Stories 1

Fair Market Value 220000 Square Footage 2054 sq ft Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE: \_\_\_\_\_ Type of Septic/Sanitary System AT

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

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

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

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) Ramp  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) X Barbara P. Johnson Date \_\_\_\_\_

Address to send permit \_\_\_\_\_ ATTACH \_\_\_\_\_

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Copy of Tax Statement or (if you recently purchased the property Attach a Copy of Recorded Deed)

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

Date 7-1-11 Permit Number 11-0192 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structure sanitary/sanitary as requested by owner appears to meet code requirements & LD result may be issued

Mitigation Plan Required: Yes  No  Date of Inspection 6-20-11

Condition: \_\_\_\_\_ Variance (B.O.A.) # \_\_\_\_\_

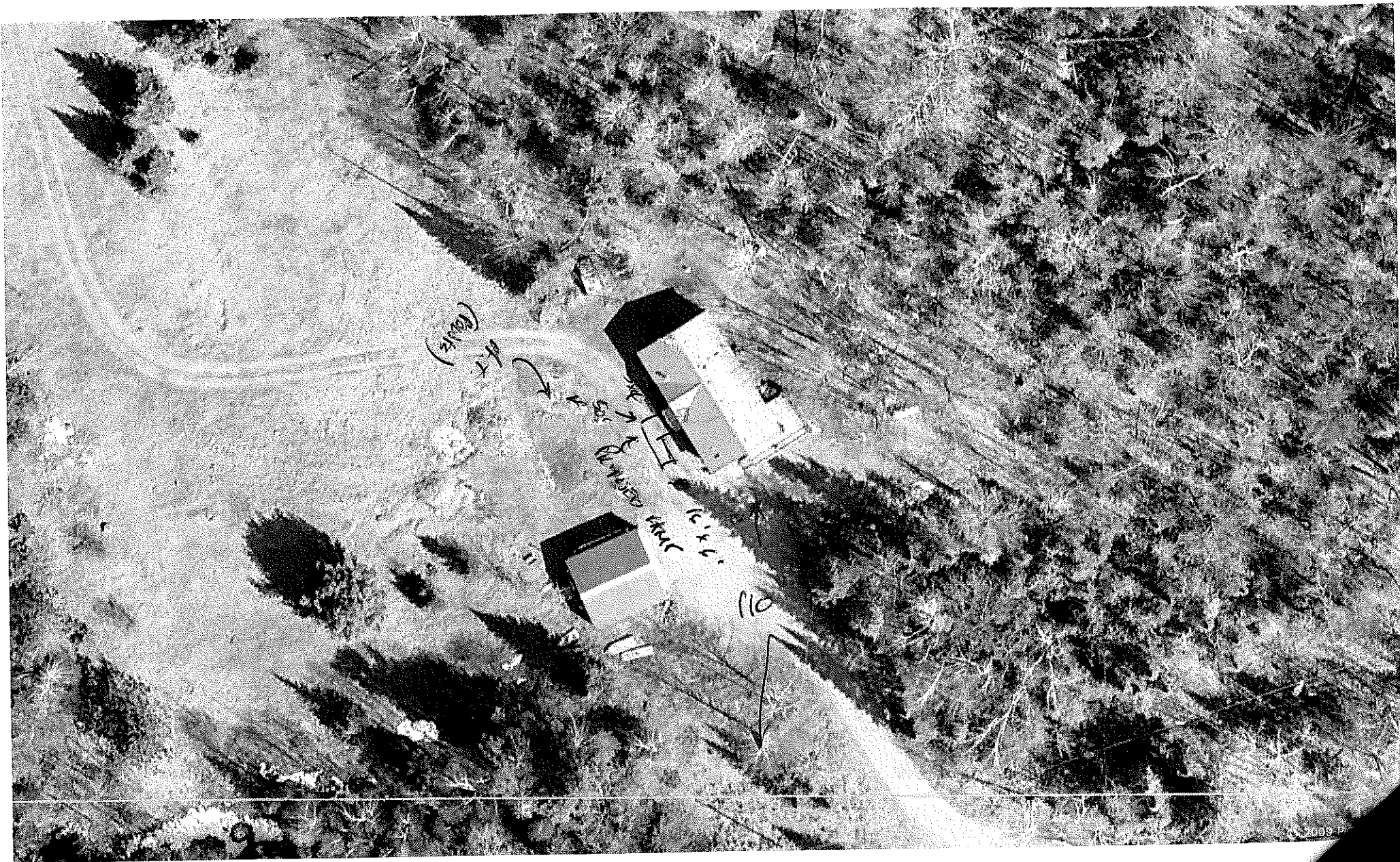
Rec'd for Issuance SP Rec'd for Issuance SP

JUL 11 2011 Signed: [Signature] Inspector [Signature] Date of Approval 6-22-11

Rec'd for Issuance to Secretary Staff Sanitary setback? Date of Approval JUN 28 2011

Need Setbacks - Can't read them





400' to E C

110' to South 1/4