

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 573-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY WISCONSIN  
 RECEIVED  
 AUG 01 2011  
 Bayfield Co. Zoning Dept.

Application No: 11-0290  
 Date: 8/23/11  
 Zoning District: A-1(-)  
 Amount Paid: \$291.00 EDS  
 Balance 59-  
 100th

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

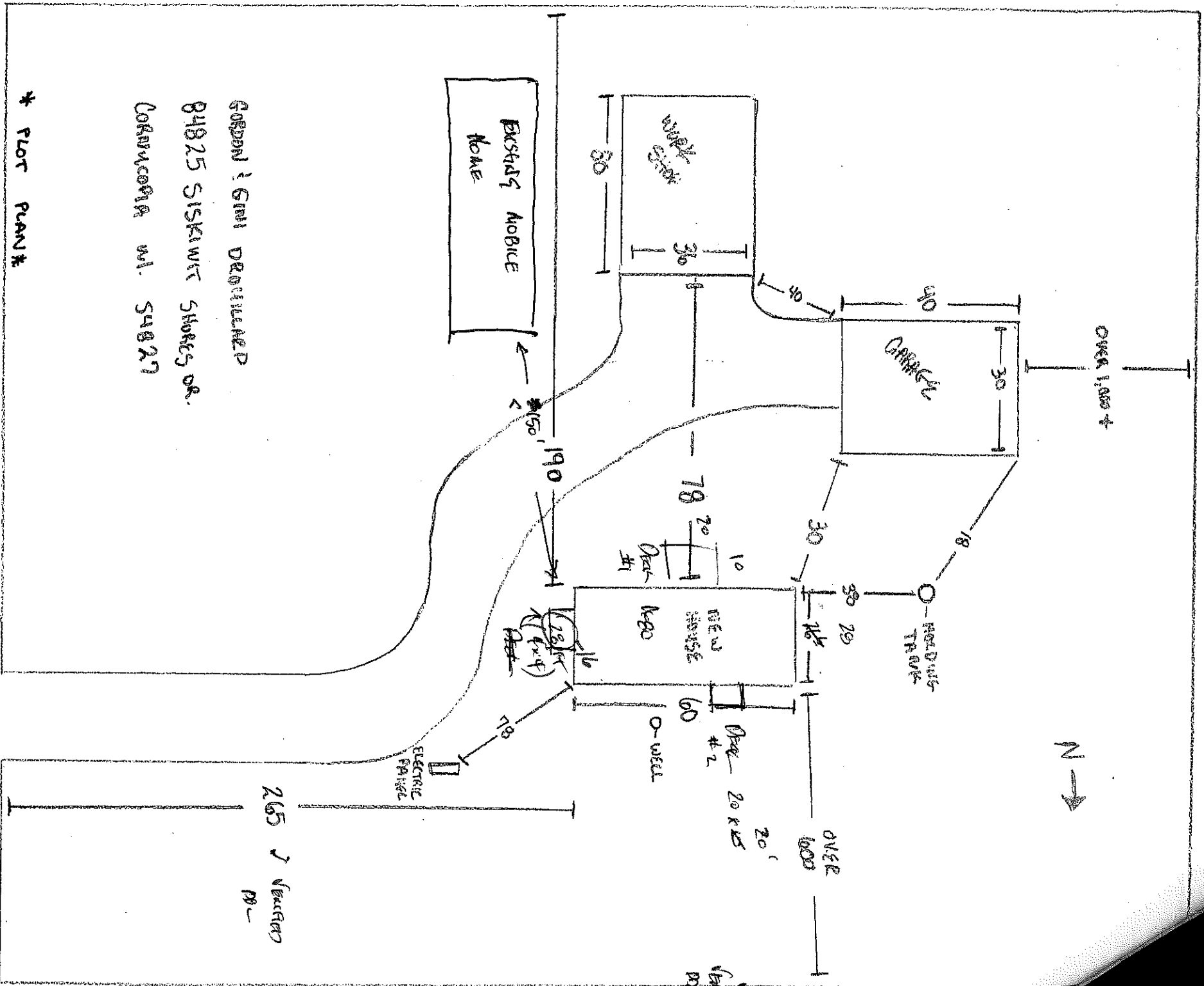
Legal Description NE 1/4 of NE 1/4 of Section 21 Township 56 North, Range 6 West, Town of BELL  
 Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 10  
 Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. CF 010-2-50-06-20-1 01-60C-20000

Property Owner GORDON & GINI DROUILLARD Contractor FREEDOM HOMES (Phone) 715-654-5281  
 Address of Property 84825 SISKIWIIT SHORES Plumber STORJEE PLUMBING  
CORNUCOPIA WI. 54827 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone 715-742-3460 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Written Authorization Attached: Yes  No

Is your structure in a Shoreland Zone? Yes  No  If Yes \_\_\_\_\_  
 Structure: New  Addition  Existing \_\_\_\_\_  
 Fair Market Value 16,400 Square Footage 1680 sq ft Basement: Yes  No  Number of Stories 1  
 USE: 16,400 1000 sq ft Sanitary: New  Existing  Privy  City \_\_\_\_\_  
 Residence or Principal Structure (# of bedrooms) 3/2 bath Type of Septic/Sanitary System HOLDING-TANKS  
 Residence sq. ft. 1680 1280 (28 x 60)  Mobile Home (manufactured date) \_\_\_\_\_  
 Residence w/deck-porch (# of bedrooms) 1680 9100 (4x4)  Commercial Principal Building \_\_\_\_\_  
 Deck sq. ft. 1680 1000 (10x20)  Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  External Improvements to Accessory Building (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) \_\_\_\_\_ Date 7/27/11  
 Address to send permit 300 VICES DR. DORCHESTER WI. 54425 ATTACH \_\_\_\_\_  
 \* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE  
 State Sanitary Number 29852 (If you recently purchased the property Attach a Copy of Recorded Deed)  
 Date 8/23/11 Permit Number 11-0290 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record Student Setback/anchors AS transmitted by Agent Appeal - E when code book's  
the lv. permit was the issued BY DDC Date of Inspection 8.3.11  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Conditions & criteria observed were (not) permit from the back over inspection Agency is required prior to approval  
Observation the Agency is currently of the temporary permit for the existing home above Agency.  
 Rec'd for Issuance REC'D FOR ISSUANCE Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_  
TRIAL 01 FILE # 92 & REC Secrecialial Staff Permit kicked & CRG of Observed TR 92-1111  
ANE VISIT Team Permit Kickback



\* PLOT PLAN #

GORDON & GINA DRAFTER

84825 SISKIYOU SHORES DR.

CORVALLIS WA. 97331

Note - Proposed Building location was obtained from 8.31.2018 aerial photos

OWNER: SISKIYOU SHORES DR.

DATE: 10/1/2018