

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
 APR 18 2012
 Bayfield Co. Zoning Dept.

Application No.: 12-0101
 Date: 5-4-12
 Zoning District: LC 1-3
 Amount Paid: \$3500.00
4/18/12

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 Et's SUB NO 4 W/1/2 SUB NO 2 (54-10)

Legal Description BW 1/4 of NW 1/4 of Section 36 Township 51 North, Range 6 West, Town of Bell

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 904 Page 494 of Deeds Parcel I.D. OR 610-2-51-06-36-2 03-000-10000

Property Owner Andrew + Jennifer Sauter Sargent Contractor SAE (Phone) _____

Address of Property Bayfield, WI 54814 Hwy 13 Number _____ (Phone) _____

Telephone 715-742-3552 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If Yes: _____

Structure: New _____ Addition Existing _____

Fair Market Value \$3000.00 Square Footage 320 Basement Yes _____ No Number of Stories 1

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

Type of Septic/Sanitary System holding tank Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

Residence w/deck-porch (# 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 sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) Deck addition (see 2) 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) [Signature] Date 4/16/2012

Address to send permit 24255 State Hwy 13, Bayfield, WI 54814 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 867292 Date 2005
 Date 5-4-12 Permit Number 12-0101 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Revised structural materials is requested by applicant known to meet requirements
SEBRAL REQUIREMENTS By DOC Date of inspection 4-27-12

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed [Signature] Date of Approval 4-27-12
 Rec'd for Issuance
Chris Carls Secretary
Michelle DeSousa Secretary
 MAY 4 2012

ok kpf
 5/3/12

