

ENTERED

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:  
Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

RECEIVED  
JUN 18 2009  
BAYFIELD COUNTY ZONING DEPT.

Application No.: 09-0257  
Date: \_\_\_\_\_  
Zoning District: Commercial  
Amount Paid: \$125.00 ROS  
6/22/09

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield County Zoning Dept. 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: \_\_\_\_\_ 1/4 of Section 9 Township 50 North, Range 7 West, Town of Clower  
Gov't Lot 1 Block \_\_\_\_\_ Subdivision CLOWERS CSM # \_\_\_\_\_ Acreage \_\_\_\_\_  
Volume V.998 Page 14 of Deeds Parcel ID. 04-014-2-50-07-09-200-152-1000  
Property Owner HENRY & CAROL ARENT Contractor CAROL BLOG (Phone) 715 398 5857  
Address of Property 15125 SPRUCE DR. Plumber \_\_\_\_\_  
HEBSTER WI 54844 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
Telephone 715 742 3316 (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'   
Basement: Yes  No  Number of Stories 1  
Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
Type of Septic/Sanitary System No POUTS  
 Mobile Home (manufactured date) \_\_\_\_\_

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) Mini storage unit 24x100  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) \_\_\_\_\_  
 External Improvements to Principal Building (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 18 June 09  
Address to send permit PO Box 183 Cornucopia, WI 54827 ATTACH  
Copy of Tax Statement or Attach a Copy of Recorded Deed

\* See Notice on Back  
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 7-1-09 Permit Number 09-0257 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: SHOWN AT SANITARY CONDITIONS AS REPRESENTED BY OWNER - REFER TO MEET CODE REQUIREMENTS & PERMIT MUST BE ISSUED By DKC Date of Inspection 6-25-09  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 6-25-09  
Carla Arent Rec'd for Issuance

HENRY AGENT 715 289 0700

# THE CAPTAIN'S LOCKER LLC STORAGE

