

**SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 375-6138

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**

**RECEIVED**  
 JUN 15 2009  
 Bayfield Co. Zoning Dept

**Application No. 09-0267**  
**Date:**  
**Zoning District F-1**  
**Amount Paid: \$125**  
 7-7-09  
 MY

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 SW 1/4 of Section 23 Township 50 North, Range 7 West, Town of Clover

Gov't Lot \_\_\_\_\_ of \_\_\_\_\_ Block \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. 08-014-2-50-01-23-4 Subdivision CSM # \_\_\_\_\_ Acreage 10.0  
 Volume \_\_\_\_\_ Page \_\_\_\_\_

Property Owner David and Connie Typpa  
 Address of Property Applied For Saledwaid Dr.  
 Treaster & Siskel

Contractor David and Connie Typpa (Phone) 651-257-1416  
 Plumber N/A  
 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 651-257-1416 (Home) 651-276-6512 (Work)

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_

Structure: New  Addition  Existing   
 Fair Market Value 30,000 Square Footage 1700

Basement: Yes  No  Number of Stories 1  
 Sanitary: New  Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or (Principal Structure) (# of bedrooms) Garage

Type of Septic/Sanitary System No Pumps  
 Mobile Home (manufactured date) \_\_\_\_\_

- 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) \_\_\_\_\_
- 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) David Typpa - Connie Typpa Date May 26, 2009

Address to send permit P.O. Box 968, Lindstrom, MN 55045-0968

ATTACH

\* See Notice on Back  
 APPLICANT — PLEASE COMPLETE REVERSE SIDE  
 Copy of Tax Statement or  
 Attach a Copy of Recorded Deed

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

Date 7-7-09 Permit Number 09-0267 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: STRUCTURE/ SITE/ CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CORRECT  
 COMMENT & PERMITS MAY BE ISSUED BY DCU  
 Date of Inspection 7-2-09

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: STRUCTURE MAY NOT BE USED FOR HUMAN HABITATION OR "LIVING SPACE" UNLESS

ALL APPLICABLE ZONING & UNIFORM ASSESSMENT CODES ARE FULLY MET

1000 SQ. FT. ACROSS RD

REINFORCED CONCRETE BEYOND ON SITE

Signed [Signature]  
 Inspector

7-2-09

Date of Approval

Rec'd for Issuance

JUL 6 2009

Secretarial Staff

