

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

ENTERED

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

Application No.: 09-0306
Date: _____
Zoning District: R-R8/3
Amount Paid: 75 7/16/09 mg

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 8 Township 50 North, Range 7 West, Town of Clover

Gov't Lot 2 Block _____ Subdivision _____ CSM # 1536 Acreage 3

Volume 9 Page 152 of Deeds Parcel I.D. 04-014-2-50-07-08-104-000-170000

Property Owner Russey + Christine Jack Contractor Owner (Phone) (202) 853-5581

Address of Property 86555 Lenawee Rd Plumber N/A

Town of Clover, WI 54891 Authorized Agent N/A (Phone) N/A

Telephone (202) 853-5581 (Home) (202) 524-3768 (Work) _____

Is your structure in a Shoreland Zone? Yes No **if yes.**

Structure: New Addition Existing
Fair Market Value \$ 3,000 Square Footage 320

USE: * 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) Shed

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Owner Date 7/13/09

Address to send permit 15255 W. GLENORA CT NEW BERLIN, WI 53151 ATTACH

* See Notice on Back **APPLICANT - PLEASE COMPLETE REVERSE SIDE** (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7/27/09 Permit Number 09-0306 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURE IS IN W/AND AREA, SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE GOOD COMPLIANT
LET PERMIT MAY BE ISSUED BY DEC

Mitigation Plan Required: Yes No Date of Inspection 7-23-09

Variance (B.O.A.) # _____

Condition: _____

Signed [Signature] Inspector [Signature] Date of Approval 7-23-09

Steep Slope
Down to Creek/
Drainage Swale

150

160

758



86555 Lenawee Road
Property description: S1/2,
S1/2, SE1/4, NE1/4,
Section 8, Township 50
North, Range 7 West,
Town of Clover, Bayfield
County, WI.

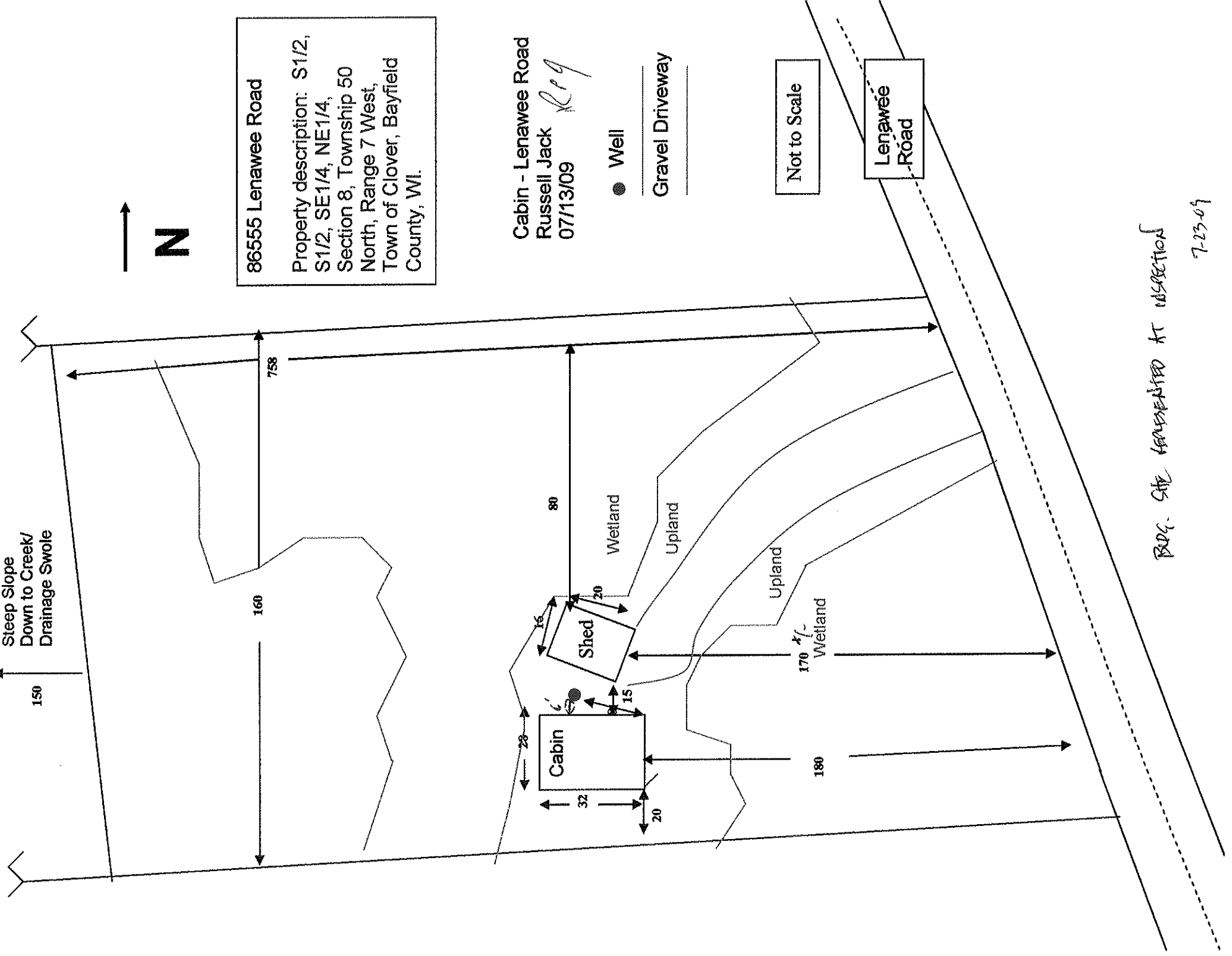
Cabin - Lenawee Road
Russell Jack
07/13/09 *RJ*

● Well

Gravel Driveway

Not to Scale

Lenawee Road



REQ. SITE GRADIENTED AT INSPECTION

7-23-09