

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  
**DECEMBER**

MAR 29 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0051  
 Date: 8-12-11  
 Zoning District: R-PP (Access) (OFF-SHORELAND)  
 Amount Paid: \$75  
3/30/11 mf

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 2 Township 50 North, Range 7 West, Town of Clover  
 Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_

Volume 856 Page 349 of Deeds Parcel I.D. 04-014-2-50-07-02-1 01-000-10000

Property Owner Richard W. Olson Jr & Sandra L. Olson Contractor JKK (Phone) \_\_\_\_\_

Address of Property 17870 Bark Bay Road Plumber \_\_\_\_\_

Herbster, WI 54844 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-373-2686 (Home) 715-373-2686 (Work)

Is your structure in a Shoreland Zone? Yes  No  if yes. Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New  Addition Existing  Basement: Yes  No  Number of Stories 1  
 Fair Market Value 9000 Square Footage 720 Sanitary: New  Existing  Privy  City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System \_\_\_\_\_  
 \* Residence sq. ft. \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) 24' X 30'  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) Storage Building  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 OF 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) Richard W. Olson Jr. Date 3-23-11

Address to send permit 421 2nd Ave E Washburn, WI 54891 ATTACH \_\_\_\_\_

\* See Notice on Back Copy of Tax Statement or \_\_\_\_\_  
 (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

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

Date 8/12/11 Permit Number 11-0051 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: STRUCTURAL STRENGTH/CONDITIONS AS REPRESENTED BY OWNER AS ATTENDED AS FULL

PERMIT MUST BE ISSUED By DK Date of Inspection 8-12-11

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

Condition: \_\_\_\_\_

Signature [Signature] Inspector \_\_\_\_\_ Date of Approval 8-12-11

NOTE - AS MENTIONED SQUARE IS 63' & SHE HAS PERMITS CO - OWNER MAY BE ABLE TO USE SECTION 15-C-22(2) TO REQUEST HANDLING SERVICE. NO MITIGATION REQUIRED BASED ON EXISTING CONDITIONS.

160' Right of Way  
Bank Bay Township

Revised

RECEIVED  
APR 11 2011

Bayfield Co. Zoning Dept.

Amended  
4-11-11

NOTE: ALL STAFF AT INSPECTIONS ON THESE STRUCTURES METROED AT 8:30

