

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
 JUN 08 2011

Bayfield Co. Zoning Dept.

Application No. 11-0444
 Date: 12/12/11
 Zoning District: R-1B
 Amount Paid: \$300 - 12/12/11
350 Credit
50 SURS

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description 1/4 of NE 1/4 of Section 8 Township 50 North, Range 7 West, Town of Clover.

Govt Lot 1 Lot 3 Block _____ Subdivision Robert Bartlett's Acreage .600

Volume 939 Page 903 of Deeds Parcel I.D. 014-1031-02 3 014-1118-06

Property Owner Jac K Smith's May Hoopline Contractor _____ (Phone) _____

Address of Property Herbster, Wise 54848. Plumber _____ (Phone) _____

Telephone 774-3976 (Home) _____ (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 \$2500.00 Square Footage 1788 sq ft Sanitary: New _____ Existing _____ Pkwy _____ City K

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System Septic Tank

* 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) _____ Special/Conditional Use (explain) Studio/Caris

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) None

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 by the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Jac K Smith / May Hoopline Date 6/7/11
Herbster, Wise 54848 ATTAACH
 Address to send permit 86845 Leona Rd Herbster, WI's Copy of Tax Statement or
 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 12/12/11 Permit Number 11-0444 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Herbster, Wise Sept 21st not built as proposed use now the structure is
existing Sept 21st Community - site is 2 1/2 mile from Commercial District
to Adjoining Properties, Environmentally DOC Date of Inspection 8-23-11

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

Condition: _____

Record for Issuance DEC 12 2011

Signed [Signature] Secretarial Staff 7-11
 Inspector _____ Date of Approval _____

No Note that code (C) not required
Balance
NEEDS SIGN APPLICATION?? OK.
3/21 REVISER'S CARD
3/21 REVISER'S CARD
SEAL OF ZONING

