

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**  
 MAY 17 2011  
 Bayfield Co. Zoning Dept.

Application No: 12-0007  
 Date: 2/9/12  
 Zoning District: R-28  
 Amount Paid: \_\_\_\_\_

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 1/4 of 1/4 of Section 8 Township 50 North Range 7 West Town of Acker  
 Gov't Lot 3 Block \_\_\_\_\_ Subdivision Cedar City CSM # \_\_\_\_\_ Acreage 2.544-4.5  
 Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. 06-014-2-56-07-08-1 00-312-0300

Property Owner: TUDS OF ACKER  
 Address of Property: 6165 WYE AVE  
 HANOVER WI 54848  
 Contractor: \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Plumber: \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Authorized Agent: \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Written Authorization Attached: Yes  No

Telephone: (715) 374-2400 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  **ILYES.**  
 Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New N/A Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Fair Market Value N/A Square Footage \_\_\_\_\_  
 Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City X

USE: \_\_\_\_\_  
 Type of Septic/Sanitary System \_\_\_\_\_  
 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) \_\_\_\_\_

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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 5/16/11  
 Address to send permit: \_\_\_\_\_ ATTACH  
 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 2/9/12 Permit Number 12-0007 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Outstanding District, Water, Site, Erosion or Hazardous Area  
Conditions Overlaid By DR Date of Inspection 5-16-11  
 Mitigation Plan Required: Yes  No   
 Condition: \_\_\_\_\_ Variance (B.O.A.) # \_\_\_\_\_

Diagnosis to be covered  
NO B-TREE ASSAYED  
WASTE REMOVED EARTH MOVING  
 Signed: [Signature] 2-9-12  
 Inspector RAC'd for Issuance Date of Approval \_\_\_\_\_  
 FEB 9 2012  
 Secretarial Staff

