

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
 FEB 03 2012
 Bayfield Co. Zoning Dept.



Permit #:	12-0016
Date:	3/8/12
Amount Paid:	\$125.00 PDS
Refund:	3/8/12

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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: MASTHA SILLK Mailing Address: 4345 HILLCREST DR MADISON, WI 53705 Telephone: 608 658-8952
 Address of Property: ACRES RD + DUBAUX RD City/State/Zip: ACRES, WI Cell Phone: ---

Contractor: SELF Contractor Phone: --- Plumber: --- Plumber Phone: ---

Authorized Agent: (Person Signing Application on behalf of Owner(s)) SELF Agent Phone: --- Agent Mailing Address (include City/State/Zip): 014-1095-08 ACRES Written Authorization Attached Yes No

PROJECT LOCATION: E 20th RD S 1/4 Gov't Lot: 1 Lot(s): --- CSM: --- Vol & Page: 1001 288 Lot(s) No.: --- Block(s) No.: --- Subdivision: --- Recorded Document: (i.e. Property Ownership) Volume 1001 Page(s) 288

Section 33, Township 51 N, Range 7 W Town of: CLOVER Lot Size: --- Acreage: 10

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue → Distance Structure is from Shoreline: --- feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: 1000 feet

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion Include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$7,000.00	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <u>SEE ATTACHED</u> <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 16' Width: 10' Height: 13'
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) <u>ADULTS STACK</u> with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(10 X 16) (10 X 10) (X) (X) (X) (X) (X)	160 S.F. 100 ~
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(X) (X) (X) (X) (X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(X) (X) (X)	

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 the 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(s): Masha Sillk Date 1-31-2012
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 4345 HILLCREST DR, MADISON, WI 53705 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed OK 3/8/12
 RAC

