

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 38
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
PERMITIVE
 FEB 24 2012
 Bayfield Co. Zoning Dept.

Application No.: 12-0087
 Date: 3/16/12
 Zoning District: F-1
 Amount Paid: \$75.00 PDS
 2/24/12

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.
 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 N1/2NE1/4 of SESW 1/4 of Section 9 Township T49 North, Range 7 West Town of CLOVER

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.0

Volume 804 Page 317 of Deeds Parcel I.D. TAX ID-11301/Pn 04-014-8-44-07-93-3 2000

Property Owner Dean and Vick Lemm Contractor Adam Campbell (Phone) 715-774-3471

Address of Property 80200 Lenawee Rd. Plumber Dean Lemm Dennis Bachand - 715-373-2028

Herbst, W., 54844 Authorized Agent _____ (Phone) _____

Telephone 920-485-3784 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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 \$22,000.00 Square Footage 120 Sanitary: New _____ Existing _____ Privy City _____

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

* Residence w/attached garage (# of bedrooms) _____ 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 w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) Kitchen 20x36 Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ 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 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 to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Usher Johnson Sean S. Severn Date _____

Address to send permit W10893 Blackhawk Tr. Fox Lake, WI. 53433

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 3/16/12 Permit Number 12-0087 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Insured addition located as represented by utility. Appears to meet applicable code requirements - Permit. By Doc Date of Inspection 3-7-12

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

Condition: No variance under any other rule. Requiring permits by the construction of the structure with self-take the structure is saved by a variance & approved as the variance request.

1) Previous by Permit 02-0032-277 Signed _____ Date of Approval 3-4-12

Rec'd for Issuance _____ Inspector _____

MAR 16 2012

Secretary Staff

OK to issue KLL 3/14/2012

