

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

Application No: 08-0274  
 Date: \_\_\_\_\_  
 Zoning District: R-1-1/2  
 Amount Paid: \$120.00 RDS  
5/7/08

**RECEIVED**  
 BAYFIELD COUNTY ZONING DEPT.  
 07 2008  
 \$120.00  
 Bayfield County Zoning Dept.

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

Legal Description NW 1/4 of SE 1/4 of Section 02 Township 46 North, Range 08 West, Town of Delta

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 22.83

Volume 847 Page 372 of Deeds Parcel I.D. # 016-10-16-04 Use Tax Statement for Legal Description

Property Owner David A. Tabbett et al Normal Sanitary Contractor K.V. Tech Corp. (Phone) 715-765-4483

Address of Property Daw River Hwy H 11575 County Hwy H Plumber Polkoski Plumbing (septic)

Daw River, WI 54847 Authorized Agent N/A (Phone) \_\_\_\_\_

Telephone 608-780-4994 (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

Estimated Cost of Construction 40,000 Square Footage 464 Sanitary: New  Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence of Principal Structure (# of bedrooms) \_\_\_\_\_ 502 464 sq ft replaced  Mobile Home (manufactured date) \_\_\_\_\_

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

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

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

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

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Residential Addition / Alteration (explain) 20'x22' w.v.spc w/basement

Residential Accessory Building (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_  External Improvements to Accessory Building (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) X David A. Tabbett Date 5/9/08

Address to send permit David Tabbett W7406 Co. Hwy 2, ATTACH Copy of Tax Statement  
Change: see note OWAlosha WI 54650 If you previously purchased the property Attach a Copy of Recorded Deed

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 08-365 Date 5-09-08

Date 6/26/08 Permit Number 08-0274 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: STRUCTURE SPECS/CONDITIONS AS PREPARED BY ASSET ADDRESS TO BE GORE

CHURCH + WJ PERMIT # BY DC Date of Inspection 5-13-08

BE ISSUED BY GOVT/PLS. Variance (B.O.A.) # \_\_\_\_\_

Condition: THE TERMS & CONDITIONS OF THE AGREED TO MITIGATION & STORM WATER MITIGATION PLAN

MUST BE IMPLEMENTED WITHIN ONE (1) YEAR FROM THE DATE OF THE PERMIT & ARE BINDING UPON YOU

& ALL FUTURE FOREVER OWNERS. Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 5-28-08

Rec'd for Issuance

JUN 26 2008

Secretarial Staff

Drawn by  
180 6/1/08  
122'  
060 sq ft  
132  
by Owners:  
A Smith 616-575-6508  
J.D. Takbert

