

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

RECEIVED  
JUN 06 2008  
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.

ENTERED

Application No.: 08-0428  
Date: \_\_\_\_\_  
Zoning District: F-PS/2  
Amount Paid: \$175.00 205  
616108

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER CLASS A  
Legal Description: SE 1/4 of SW 1/4 of Section 12 Township 46 North, Range 8 West, Town of Vesta  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 20  
Volume 745 Page 270 of Deeds Parcel I.D. # 016-109609 Use Tax Statement for Legal Description \_\_\_\_\_  
Property Owner Dan Meece Contractor SEF (Phone) \_\_\_\_\_  
Address of Property 62080 Basswood Rd Plumber \_\_\_\_\_  
Red brick w/ steel Authorized Agent Paula Smizek (Phone) 715 372 4615

Telephone \_\_\_\_\_ (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  Square Footage 1784 Basement: Yes  No \_\_\_\_\_ Number of Stories 1  
Estimated Cost of Construction H/A Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

\* 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 Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) Shed - Tenna Kestra Kalamo WI  
 External Improvements to Principal Building (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) Paula Smizek Date 8/1/08  
Address to send permit 61925 Basswood Rd Iron River, WI 54847 ATTACH

\* See Notice on Back  
If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 59786 Date 1984  
Date 8/20/08 Permit Number 08-0428 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Basement, Residential Structure, of same lot. No serious structural impacts  
By DOC Date of Inspection 7-21-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
County Review of Use  
Henry Roots  
Inspector  
Signed [Signature] Inspector  
Date of Approval 8-19-08  
Rec'd for Issuance

