



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
DEC 01 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0641
Date: _____
Zoning District P-1/2
Amount Paid: \$125 12/1/08 mg

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 SE 1/4 of NW 1/4 of Section 18 Township 46 North, Range 7 West, Town of Delta

Gov't Lot _____ Lot _____ Block _____ of Deeds _____ Parcel I.D. 04-014-2-01-18-2-04-000-50000 Acreage 15

Property Owner JAMES GRENET / Karen Garner Contractor _____ (Phone) _____
Address of Property 6100 West Fork Road Iron River, WI 54847 Plumber _____
Authorized Agent _____ (Phone) _____

Telephone _____ (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
Fair Market Value 20,000 Square Footage 2250 Basement: Yes _____ No Number of Stories 2
Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) 6 MAXIMUM Type of Septic/Sanitary System Sanitary

- * Residence w/attached garage (# of bedrooms) _____
- * 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) Conversion to Residence

FAILURE TO OBTAIN A PERMIT OF 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) [Signature] Date 11/25/2008
Address to send permit 6100 West Fork Rd Iron River, WI 54847 ATACH

* See Notice on Back 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 08-085 Date FEB 2008
Date 12/9/08 Permit Number 08-0641 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: EXISTING STRUCTURE IS BUILT WITH ALL APPLICABLE CODE REQUIREMENTS INCL. SEPTIC, BUTS, LOT SIZE FOR SECOND PARCEL PER By [Signature] Date of Inspection 12-5-08

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

Signed [Signature] Inspector _____ Date of Approval 12-5-08

Rec'd for Issuance

793 of 3

±-300'

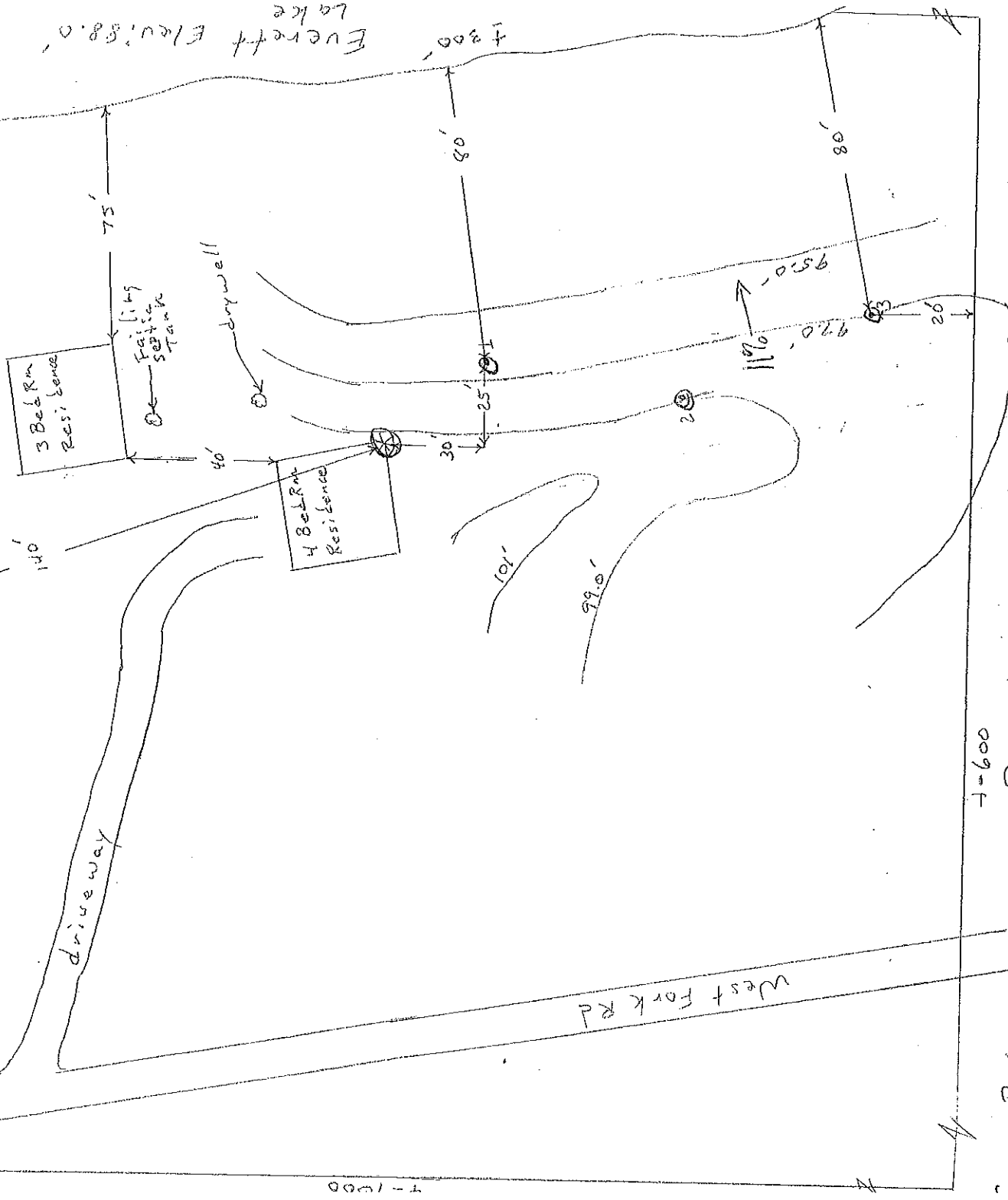
Fire # 61700 West Fork Rd

o = Soil Borings

X = Bottom riding on S. corner well

BM FVRP = Elev 100.0'

scale: 1" = 40' unless noted!



Everett Lake Elev: 88.0'

Parcel in SE 1/4 NW 1/4 Sec 18 T46N R1W Allan Polkowski
P.O. Box 522
Iron River, WI 53849
CST # 220090

Parcel in SE 1/4 NW 1/4 Sec 18 T46N R1W Allan Polkowski
Town of Delta
Bayfield Co.

James R. Garner
2904 Meadow View Dr
Cathetersburg, MD 20878

1-1000

H-600