

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
RECEIVED

APR 05 2010

ENTERED

Application No. 10-0085
 Date: _____
 Zoning District C13
 Amount Paid: 125.00
4/7/10 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 _____

Use Tax Statement for Legal Description

Legal Description SE 1/4 of SW 1/4 of Section 8 Township 46 North, Range 7 West, Town of Delta

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

Volume 8-55 Page 545 of Deeds Parcel I.D. 046-1015-06 04-016-2-46-07-08-3-04-000

Property Owner Delta Diner, LLC Contractor Sey ITBD (Phone) (715) 372-5315

Address of Property 14385 Cty H, Mason, WI 54856 Plumber _____

Telephone (715) 372-5315 (Home) Same (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____ Written Authorization Attached: Yes No

Structure: New _____ Addition Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value \$20,000 Square Footage A-260 Basement: Yes _____ No Number of Stories _____

USE: B-300 Sanitary: New _____ Existing Privy _____ City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System Conventional w/ grease trap

Residence sq. ft. _____ *551 (See Attached) Mobile Home (manufactured date) _____

* Residence wideck-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. _____ Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____

Residential Accessory Building (explain) _____ Commercial Accessory Building Addition (explain) _____

Residential Accessory Building Addition (explain) _____ Commercial Accessory Building Addition (explain) _____

Residential Other (explain) _____ Commercial Other (explain) _____

Owner or Authorized Agent (Signature) Richard Davis (Davis) Date 4/4/10

Address to send permit 61600 West Fork Rd Iron River, WI ATTACH _____

* 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 _____ Date _____

Date 4/23/10 Permit Number 10-0085 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Comments: Additional information still be needed. Representations as for best user care requirements permit may be issued. Date of Inspection 4-14-10

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

Condition: _____

Signed [Signature] Date of Approval 4-16-10
 Inspector _____ Rec'd for issuance

VERIFY CERTAINLY (CERTAINLY - CHECK) STATE NO STATUS ON DEED - APR 23 2010

Secretarial Staff