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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

JUN 02 2010

ENTERED

Application No.: 10-0236
Date: _____
Zoning District: R-1/CLASS 2
Amount Paid: 756/3/10 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 NE 1/4 of SW 1/4 of Section 29 Township 46 North, Range 7 West, Town of Alaeson

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

Volume _____ Page _____ of Deeds Parcel I.D. 04-016-2-46-07-29-3 01-000-20000

Property Owner DANE VLASACEY Contractor SELS (Phone) _____

Address of Property 14325 BRENDON RD Plumber _____

MASON, WI 54856 Authorized Agent _____ (Phone) _____

Telephone (715) 372-5818 (Home) (612) 437-8245 (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 _____

Fair Market Value \$15,000 Square Footage 672

USE: _____

* 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) GARAGE

Residential Accessory Building Addition (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) Paul D. Vlasey Date 6-2-10

Address to send permit SAME ATTACH _____ Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7-16-10 Permit Number 10-0236 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURE SINKS/CRAKLES AS REPRESENTED BY OWNER - APPEALS TO BE ONE

CONTRACTOR & D.W. PERMIT MUST BE By DX Date of Inspection 6-11-10

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

Condition: STRUCTURE MUST BE AT LEAST 20 FEET FROM NEAREST PROPERTY LINE.

Signed [Signature] Inspector _____ Date of Approval 6-11-10

STRUCTURE SINKS AT INSPECTION

ONE CD WEST #11

Rec'd for Issuance

JUN 15 2010

Secretarial Staff

