

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

APR 29 2011

Bayfield Co. Zoning Dept.

Application No: 11-0098  
 Date: 5-10-11  
 Zoning District: F-1 (Rural)  
 Amount Paid: \$75.00 + \$205  
4129111

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 NE 1/4 of SE 1/4 of Section 2 Township 46 North, Range 8 West, Town of Delta

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 12

Volume 588 Page 202 of Deeds Parcel I.D. DF-014-2-46-06-01-8 01-000-10000

Property Owner James & Nancy DANKST Contractor Self (Phone) \_\_\_\_\_

Address of Property 11820 Cty. Hwy. "H" Plumber \_\_\_\_\_

Iron River W.I. 54847 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-372-5330 (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

Fair Market Value \$9000.00 Square Footage 676 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System \_\_\_\_\_

Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

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 sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

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

Residential Accessory Building Addition (explain) Addition To Garage  External Improvements to Accessory Building (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) James & Nancy Date 4/26/11

Address to send permit 11820 Cty. Hwy H Iron River W.I. 54847 ATTACH \_\_\_\_\_

\* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 5-10-11 Permit Number 11-0098 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structure violates conditions as mentioned by other permits to the code

Garabit & DU Permit Mktg Ptz By DOC Date of Inspection 4-26-11

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

Condition: \_\_\_\_\_

Signed [Signature] Date of Approval 4-28-11

Inspector \_\_\_\_\_

Bog Lake

