

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**  
 MAY 09 2011

Bayfield Co. Zoning Dept.

Application No: 11-0118  
 Date: 5-17-11  
 Zoning District: R-1 (CRS 2 W)  
 Amount Paid: \$414.00 RDS  
5/9/11

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 NW 1/4 of Section 4 Township 46 North, Range 8 West, Town of Delta

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 10.373

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. 04-016-2-46-08-04-2 - 04-000-4000

Property Owner MIKE + GERRI DRESEN Contractor DYKSTRA CONST. (Phone) 715-389-7411

Address of Property 6354D TRAUT LAKE RD. Plumber BROWN PLUMBING + HVAC.

TRAW RIVER, WI. 54847 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-372-4118 (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  Basement: Yes  No  Number of Stories 1

Fair Market Value 138,000 Square Footage 1080 Sanitary: New  Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  Residence or Principal Structure (# of bedrooms) 2 Type of Septic/Sanitary System \_\_\_\_\_

Residence sq. ft. 1880  Mobile Home (manufactured date) \_\_\_\_\_

Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

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

Residential Addition / Alteration (explain) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

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

Residential Other (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) [Signature] Date May 9, 2011

Address to send permit 5018 ST. HUGO 13 Ashland WI 54806 Dykstra Const. ATTACH

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

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

Permit Issued: State Sanitary Number 11-135 Date 5.5.11

Date 5-17-11 Permit Number 11-0118 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Shower stalls/cashtubs re-inspected by ODR - per the applicable code requirements plus permit was issued by ODR

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

Condition A Water already gone permit from the locker attached w/c additional Agency

Must be obtained prior to the start of construction.

Inspector [Signature] Date of Approval 5/16/11

