

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 25 2011  
 Bayfield Co. Zoning Dept.

Application No.: 11-0155  
 Date: 6-9-11  
 Zoning District: C1-  
 Amount Paid: \$125.00 RD's  
5/27/11

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 SW 1/4 of Section 8 Township 46 North, Range 7 West, Town of DELTA

Gov't Lot 486 Lot 41B Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_

Volume 855 Page 545 of Deeds Parcel I.D. 04-016-2-46-07-08-3-04-000-80000

Property Owner DELTA DINER, LLC Contractor DAVIS-SCOTT (Phone) 372-8389

Address of Property 14385 City H Plumber \_\_\_\_\_

Mason WI 54856 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-372-6664 (Home) 372-5315 (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 \$5,000 Square Footage 26875 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System Conventional w/Grass Trap

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

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

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

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) See (A) (B) Attached

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

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

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

Residential Accessory Building Addition (explain) \_\_\_\_\_  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) Debbie Paul Date 5-23-11  
 Address to send permit 14565 Knolls Rd. Mason WI 54856 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 404328 Date 6-19-08  
 Date 6-9-11 Permit Number 11-0155 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Sanitary Septic/Conditions As warranted By other Agency & Be Care  
Amount \$11. Permit Made By DC ISSUED Date of Inspection 6-2-11  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_  
 Signed [Signature] Inspector [Signature] Date of Approval 6-2-11

Permit Request color

- Ⓐ 128' □ - Enclosure (Existing)
- Ⓑ 137.75' □ - Roof over Open Deck (Existing)
- 140.14

→ 75' to Property Line  
 → 75' to Drawn Field

