SBMUT: COMPLETED APPLICATION, TAX

Bayfield Co. Zoning Dept.	Date Prompt (Received) AUG 09 2012	APPLICATION FOR PERMIT
Refund:	Date:	Permit #
	Paid: 8.7	\ \ \ \
	8/9/12	B

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PRIVAL ITES 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 comple an (are) responsible for the detail and accuracy of all information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and comple and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county above described property at y/v responsible time for the purpose of inspection. Owner(s): O		with a Deck With (2 nd) Deck (X With Attached Garage (X	Proposed Structure (first structure on property) bin, hunting shack, etc.) Loft a Porch (2 nd) Porch	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction: Length: Width: Width:	Value at Time of Completion * Include donated time & material Project * Include donated time & material # of Stories and/or basement Use bedrooms # Sewer/Sanitary Syst bedrooms New Construction material New Construction \$1.5tory Seasonal 1 Municipal/City Addition/Alteration conversion 1.5tory + Loft conversion Year Round 2 (New) Sanitary Specify Type (New) Sanitary Specify Type (Run a Business on Property Run a Business on property No Basement None None Portable (w/service contract) Property None None None	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue → Creek or Landward side of Floodplain? If yes—continue → Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → Distance Structure is from Shoreline: Yes—continue → Creek or Landward side of Floodplain? If yes—continue → Continue → Contin	Section 12, Township 46 N, Range 8 W Town of: Section 12, Township 46 N, Range 8 W Town of: Section 13, Township 46 N, Range 8 W Town of:	03-000-4000 Recorded	Plumber: Agent Mailing Address (include City/State/Zip)	ade payable to: Bayfield County Zoning Department. IT CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. PERMIT REQUESTED → X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE Mailing Address: Mailing Address: City/State/Zip:	715) 373-6138 Dayfield Co. Zoning Dent Refund:
ie e e			Dimensions Footage	Height: Height:	What is sewer/Sani Is on the Is on the Span(City Spanitary Spanitary (Exists) Spanitary (om Shoreline : Is Property in Are Wetlands Feet Floodplain Zone? Present? om Shoreline : ☐ Yes ☐ Yes Feet ☐ Yes	Lot Size Acreage	8		SPECIAL USE B.O.A. OTHER Telephone: 651-434-0603	Refund: 8 9 12

Rec'd for Issuarion are signing on behalf of the owner(s) a letter of authorization must address to send permit 10938 Store of AUS 1018 Date

Condition(s):Town, Committee or Board Conditions Attached? I Yes I No -(If No they need to be Audickey Mot I William Mot I Willi	Were Property Lines Represented by Owner Was Property Surveyed 2 Weeted by M Australia	DTICE: All Land Use Permits expire Une L1, real from the Uniform Dwellin instruction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwellin instruction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwellin instruction of New One & Two Family Dwelling: ALL Municipalities Are Required also require permits. # of bedrooms:	Please complete (1)—(7) above pieto in the Constitution of the Con
ite of Approval:	specti	pate: Date: Da	by the Planning & Zoning Dept. Measurement Measurement Region one previously surveyed corner to the Fee Fee Fee Fee Fee Fee Fee Fee Fee F
	ON:	S S S S S S S S S S S S S S S S S S S	ming Dept: Feet Feet Feet Feet Feet Feet Feet Wishble from must be must be