

STATUS: COMPLETED APPLICATION, TAX STATEMENT AND FEES TO:
 Bayfield County Planning and Zoning Depart.
 PO Box 58 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 MAY 31 2012
 Bayfield Co. Zoning Dept
 HOW DO I GET OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Permit #: 13-0083 **ENTERED**
 Date: 3-4-13
 Amount Paid: \$125.00 PDS
 Refund: \$1112

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.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: DAVID C. SIMONSON
 Address of Property: THE END of 1800 RD
 City/State/Zip: IRON RIVER
 Telephone: 715 372 4415
 Cell Phone: 715-413-0563

Contractor: DUKSTRA CONSTRUCTION INC
 Authorized Agent: LRS DUKSTRA
 Contractor Phone: 715-209-7411
 Plumber: 50181 ST Hwy 13 Ashland WI
 Written Authorization Attached: Yes No

PROJECT LOCATION: NE 1/4, SB 1/4
 Legal Description: (Use Tax Statement)
 Section 15, Township 46 N, Range 7 W, Town of: DELTA

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion: \$ 50,000
 Project: New Construction Addition/Alteration Conversion Relocate (existing bldg) Run a Business on Property

of Stories and/or basement: 1-Story
 Use: Seasonal Year Round
 # of bedrooms: 1
 What Type of Sewer/Sanitary System is on the property? Municipal/City (New) Sanitary Sanitary (Exists) Privy (pri) or Vaulted (min 200 gallon) Portable (w/service contract) Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(Lot X Go) (X X) (X X) (X X) (X X) (X X) (X X) (X X)	6240 Sq Ft
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X X) (X X) (X X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X X) (X X) (X X)	
Rec'd for Issuance	Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(X X) (X X)	
MAR 04 2013	Special Use: (explain) _____ Conditional Use: (explain) _____	(X X) (X X)	
Secretarial Staff	Other: (explain) _____	(X X)	

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(s): _____ Date: 4/20/12
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: 4/24/12
 Rec'd for Issuance: _____
 Address to send permit: 5781 ST Hwy 13 Ashland WI 57806
 JUN 14 2012

Secretarial Staff * NEED AUTH FROM OTHER OWNERS (VAN HOUTENS)
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

