

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

D F C F I V E
 APR 20 2009
 Bayfield Co. Zoning Dept.

Application No. 09-0117
 Date: _____
 Zoning District R-1, Class 1
 Amount Paid: \$75. 4/27/09 *mg*

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: N 200' of S 200' of Section 22 Township 44 North, Range 7 West, Town of Drummond

Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CS# _____ Acreage 1.18

Volume 754 Page 460 of Deeds Parcel I.D. 04-018-2-44-07-22-3 05-002-80000

Property Owner WILLIAM J HANNAFORD Contractor GEO. WILSKI (Phone) 798 3815

Address of Property 48230 CARSON RD Plumber NA

DRUMMOND WI 54832 Telephone 715 739 6364 (Home) 715 246 4666 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing _____

Fair Market Value \$11,000 Square Footage 2504

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____

Residence sq. ft. _____ Porch sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) open entry way

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) William J. Hannaford Date 4-16-09

Address to send permit 40 GEO WILSKI, 14085 Birch Lane, Cable, WI 54521 ATTACH

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 5/1/09 Permit Number 09-0117 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Pergola to cover existing deck footprint.

By M. Furtak Date of Inspection 4-23-09

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

Condition: No expansion of footprint allowed.

Signed Michael Furtak Date of Approval 4-24-09

Inspector _____

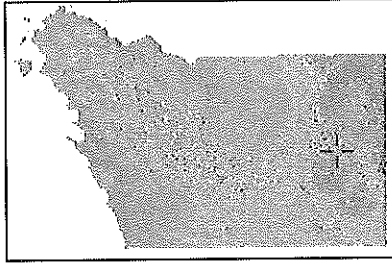
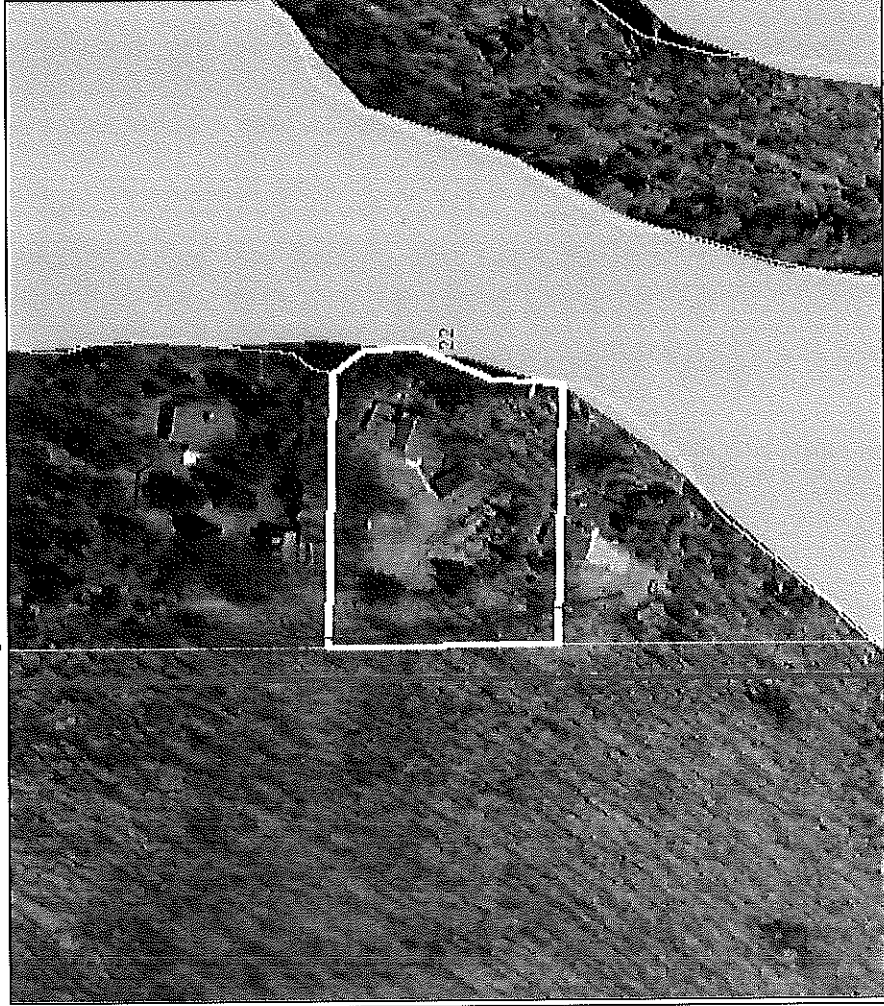
Date of Approval _____

Recorder Issuance 4/5/09

Serial Staff _____

Mitigation previously completed per permit # 06-0071.

Hannaford Aerial Map



BAYFIELD COUNTY

0 0.01 0.02 mi