

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED

SEP 7 9 2009

Application No.: 09-0562
Date: _____
Zoning District: F-1
Amount Paid: \$175.00 EDS
10/16/09

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

Part of Legal Description NE 1/4 of NE 1/4 of Section 25 Township 45 North, Range 7 West, Town of Drummond
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 14.36

Volume 1024 Page 566 of Deeds, Parcel I.D. 04-018-2-45-07-25-1 01-000-14000

Property Owner Al + Carla Rapp

Address of Property 53915 N. Sweden Rd.

Drummond Rd 54832

Telephone 739-6915 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New _____ Addition _____ Existing _____

Fair Market Value _____ Square Footage _____

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

Residence sq. ft. _____

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

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

Deck sq. ft. _____ Deck(2) sq. ft. _____

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

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

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) S-Term rental

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (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) Wanda Date 9/24/09

Address to send permit Box 130 Drummond, WI 54832 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 _____ Date _____

Date 11/20/09 Permit Number 09-0562 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structures are existing

By M. Futch Date of Inspection 10-20-09

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

Condition: Must obtain a Tenant Rooming House permit from the

Bayfield County Health Dept.

Signed Michael Futch 10-21-09

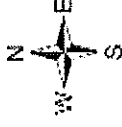
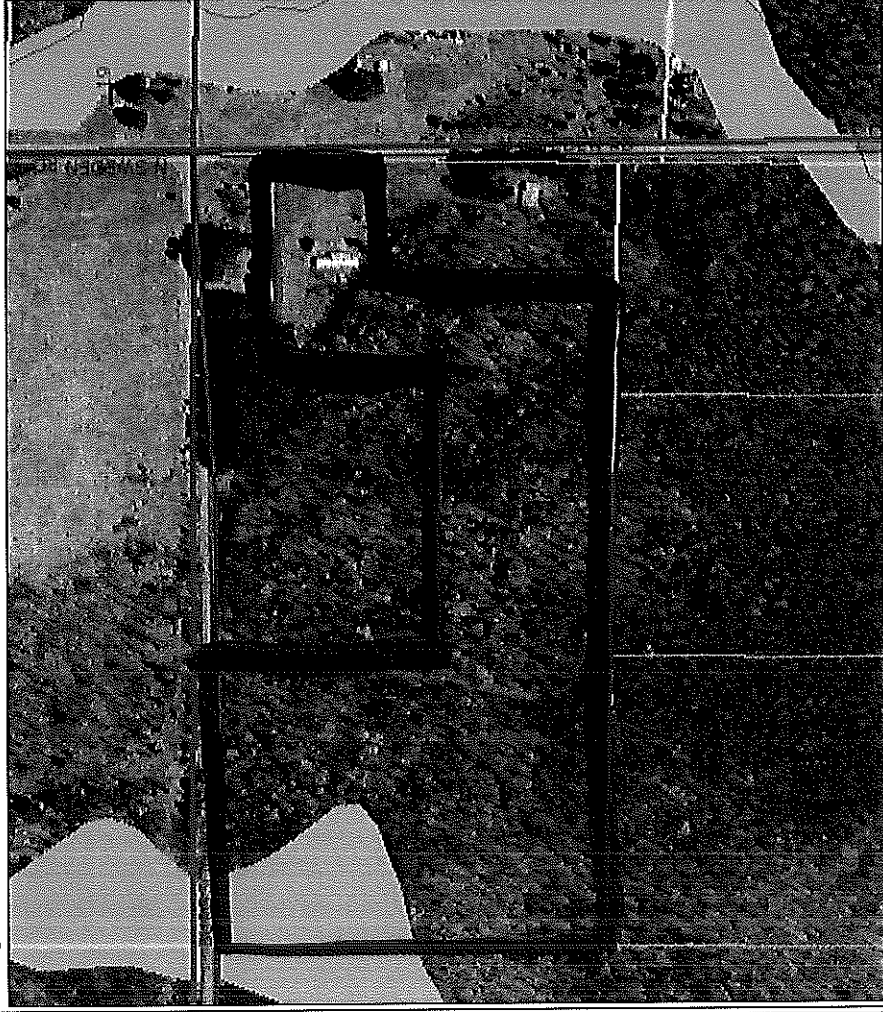
Inspector _____

Recorder/Assurance _____

NOV 20 2009

Secretarial Staff

Ralph Aerial Map



0 0.02 0.04 mi

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