

\$75

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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

JUL 15 2010

Application No: 10-0248
 Date: _____
 Zoning District: A-1
 Amount Paid: Cash \$75
7-15-10 MF
7/19/mf \$75-

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 NW 1/4 of NE 15 Township 44 North, Range 8 West, Town of Drummond
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 25.957
 Volume 835 Page 683 of Deeds Parcel I.D. 04-018-2-44-08-15-1 02-000-20000

Property Owner David & Sandra Reffler
 Address of Property 10725 Bearsdale Springs Rd
Drummond, WI 54832
 Telephone 262-338-6879 (Home) _____ (Work) _____
 Contractor Ray Nelsson (Phone) 795-3399
 Plumber _____
 Authorized Agent _____ (Phone) _____

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 _____
 Fair Market Value \$3,000 Square Footage 240 sq ft
 USE: _____
 Type of Septic/Sanitary System Conv
 Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

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) garage stall
 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) Ray Nelsson Date 7-15-10
 Address to send permit Ray Nelsson, 2160 Birch Tree Trail, Barnes, WI 54873 ATTACH
 * See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 7/22/10 Permit Number 10-0248 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets all setbacks, Property lines per owners representations By M. Fustak Date of Inspection 7-16-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Michael Fustak Inspector
 Date of Approval 7-20-10
Rec'd for Issuance

JUL 21 2010

Secretarial Staff

