

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

OCT 27 2010

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 SW 1/4 of SW 1/4 of Section 33 Township 45 North, Range 7 West, Town of Drummond

Gov't Lot 823 Lot 539 Block 04-018-0-45-07-33-3 Subdivision 03-000-09000 CSM # 8.122 Acreage 8.122

Volume 823 Page 539 of Deeds Parcel I.D.

Property Owner Brent Michaud Contractor self (Phone) _____

Address of Property XXXX N. Lake Owen Dr. Drummond, WI 54832 Authorized Agent _____ (Phone) _____

Telephone 314-692-7797 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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 Basement: Yes No Number of Stories 1 1/2

Fair Market Value \$25,000.00 Square Footage 1,009 Sanitary: New Existing Privy City _____

USE: * Residence or Principal Structure (# of bedrooms) 1 Type of Septic/Sanitary System None

Residence sq. ft. _____ Mobile Home (manufactured date) _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) 26' x 36' garage External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) X [Signature] Date _____

Address to send permit 10317 Bilston Ct, Apt #9, St. Louis, MO 63146 ATTACH Copy of Tax Statement or

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 11/3/10 Permit Number 10-0454 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked, Mitchell soil tests. Property lines per owner's representations By M. Fritsch Date of inspection 10-29-10

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

Condition: Not to be used for human habitation.

Signed Michael Fritsch Inspector 11-1-10

Rec'd for Issuance 11/3 2010

Secretarial Staff

ENTERED
 Application No. 10-0454
 Date: _____
 Zoning District RRB
 Amount Paid: \$125.00 RDS
10/27/10

BAYFIELD COUNTY, WISCONSIN

*Strop
Souds
Bears County*

STATE HIGHWAY "63"

N 84° 47' E

697.87'

1377.29'

S 80° 21' 57" W

760.60' S 1° 25' 03" W

8.17 ACRES

*GRAND
DUNK
CAMP*

LAKE

OWEN DRIVE

N 60° 01' 21" W

550.04'

6° 26' 24"

115.11'

W 1/16 CORNER
ON SOUTH LINE
OF SECTION 33

87° 58' 13"

152.89'

153° 59' 13"

N 33° 40' 34" W
324.98'

1539.39' 13"

E. DATA