

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
 FEB 03 2011

Bayfield Co. Zoning Dept.

Application No: 11-00550
 Date: 8/2/2011
 Zoning District: F-1
 Amount Paid: -NA-

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 3 SE 1/4 of NW 1/4 of Section 33 Township 45 North, Range B West, Town of Drummond

Gov't Lot 922 Lot 11 Block 33 Subdivision 45 CSM # 14.70

Volume 922 Page 11 of Deeds Parcel I.D. 04-018-2-45-08-33-2 04-000-30000

Property Owner Del Serome Contractor SELF (Phone) _____

Address of Property Drummond, WI 54832 Plumber _____ (Phone) _____

Telephone 734-6245 (Home) 580-0136 SELL 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'

Basement: Yes _____ No _____ Number of Stories _____

Sanitary: New _____ Existing _____ Privy _____ City _____

Type of Septic/Sanitary System _____

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) gravel pit

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

* Residence wideck-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) _____

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) Robert Serome Date 2-1-11

Address to send permit Same as above ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 8/2/2011 Permit Number 11-00550 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Part of parcel previously mixed.

By M. Furdak Date of Inspection 2-22-11

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

Condition: see affidavit & 20 meeting minutes. 10/11

Rec'd for Issuance AWG | 2011 Signed Michael Furdak Date of Approval 2-23-11

Secretary Staff 30 May 4-21-11

