

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
 MAR 2 3 2009
 Bayfield Co. Zoning Dept.

ENTERED
 Application No.: 09-0064
 Date: _____
 Zoning District: A-1-f-
 Amount Paid: \$150.00
 Date Paid: 3/25/09
 Initials: MY

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: S1/2, S1/4, W1/2 SW 1/4 of NW 1/4 of Section 33 Township 48 North, Range 5 West, Town of Barksdale.
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.602
 Volume 699 Page 336 of Deeds Parcel I.D. 04-002-2-48-05-33-2 03-000-50000

Property Owner: John Margetta Contractor: Seaf (Phone) _____
 Address of Property: 70540 Clevette Rd Plumber _____
Ashland, WI 54806

Telephone: 715-682-9426 (Home) _____ (Work) _____
 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 _____
 Basement: Yes _____ No Number of Stories 1
 Fair Market Value 50,000 Square Footage 4800'
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System: Conventional

- * 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) Garage
- 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) _____
- 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): John Margetta Date _____
 Address to send permit: 70540 Clevette Rd, Ashland, WI 54806 ATTACH _____

* See Notice on Back
 APPLICANT -- PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date: 3/27/09 Permit Number: 09-0064 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets code requirements per owner's representation. Owner present at time of inspection verified property lines and proposed by Trans Tubowity Date of Inspection 3/26/2009 structure location.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: No human habitation.
 Signed: Trans Tubowity Inspector Date of Approval: 3/26/2009
Rec'd for Issuance

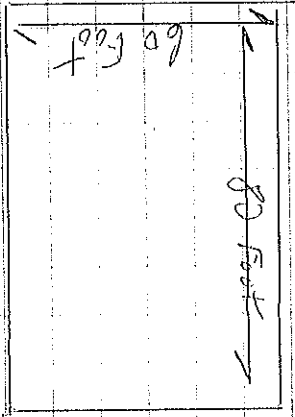
MAR 27 2009
 Secretarial Staff

Cherryville Road

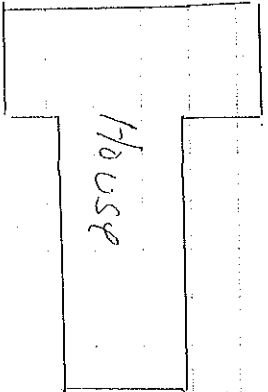
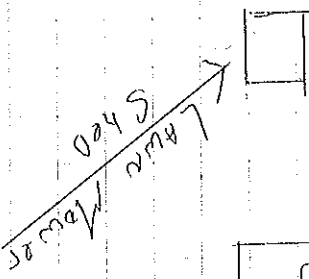
COPY

Cleveland Road

333 Feet



Storage
New Building
I WANT to
Build



666 Feet

Not to Scale

Back