

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
JUN 21 2011

Bayfield Co. Zoning Dept.

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.

Application No.: 11-0383
Date: 10/14/11
Zoning District: E-1
Amount Paid: \$125 (deposit)



LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description: NE 1/4 of NE 7 1/4 of Section 7 Township 44 North, Range 7 West, Town of Drummond

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 7.05

Volume 624 Page 594 of Deeds Parcel I.D. 04-18-2-44-07-07-1-01-000-20000

Property Owner: WIRSA#2 Partnership (Verizon) Contractor: TBO (Phone) _____

Address of Property: 50855 Hwy 63 Plumber: _____ (Phone) _____

Drummond Authorized Agent: Tony Shuck 864-915-1133 (Phone)

Telephone: (847) 766-2457 (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 _____ Number of Stories _____

Fair Market Value 33,500 Square Footage 322 sq. ft. Sanitary: New _____ Existing _____ Privy _____ City _____

USE: _____ Type of Septic/Sanitary System: None

Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

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

Residential Addition / Alteration (explain) _____ Commercial Other (explain) Calculation on existing

Residential Accessory Building (explain) _____ Special/Conditional Use (explain) _____

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

Residential Other (explain) _____ External Improvements to Accessory Building (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): Jenny Bourne Date: 6/17/2011

Address to send permit: 141 Lombard Street, Anderson, SC 29624 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: 10/14/11 Permit Number: 11-0383 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Co-location on existing tower. Meets all requirements

By: M. Furtak Date of Inspection: 7-1-11

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

Condition: _____

Rec'd for Issuance: _____ Signed: Michael Furtak Date of Approval: 7-6-11

Secretary Staff