

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
 NOV 01 2011
 BY: _____

Application No.: 11-0495
 Date: 11/7/11
 Zoning District: R-2, Class 3
 Amount Paid: \$75 11/11/11 kmh

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 NE 1/4 of NE 1/4 of Section 31 Township 44 North, Range 7 West, Town of Drummond

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 8.05

Volume 971 Page 864 of Deeds Parcel I.D. 04-018-2-44-07-31-1 04-000-10000

Property Owner Gregory D & Bridget A Townsend Contractor Scott Boyd (Phone) _____

Address of Property 46785 US Hwy 63 Drummond, WI Plumber _____

Authorized Agent _____ (Phone) _____

Telephone 563-574-5713 (Home) 309-298-8842 (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

Fair Market Value \$21,000 Square Footage 216 sq ft Sanitary: New _____ Existing Privy _____ City _____

USE: Residence or Principal Structure (# of bedrooms) 18 x 12' Type of Septic/Sanitary System Conc.

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) _____

Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) 3 season porch Special/Conditional Use (explain) _____

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

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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) Gregory D Townsend Date Oct 27, 2011

Address to send permit 5552 Judge Rd Ellendale, Wa 58722 ATTACH _____

* See Notice on Back Copy of Tax Statement or _____ (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 367497 Date 12-6-00

Date 11/7/11 Permit Number 11-0495 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Deck is existing. Make all setbacks. Property line per owner's representation. By M. Fuchs Date of Inspection 11-3-11

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

Condition: As shown in structural footprint.

Signed Michael Fuchs Date of Approval 11-7-11

Record for Issuance NOV 7 2011 Secretarial Staff

Inspector _____
