

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 27 2012

Bayfield Co. Zoning Dept.

Application No: B-0164
 Date: 6-1-12
 Zoning District: C
 Amount Paid: _____

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 SW 1/4 of SE 1/4 of Section 32 Township 4S North, Range 7 West, Town of Drummond
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ Parcel I.D. 04-018-2-45-07-32-4 03-000-07100 CSM # 1746 Acreage 3.19

Volume 1063 Page 8 of Deeds
 Property Owner SALEM BAPTIST CHURCH of ASHLAND Contractor _____ (Phone) _____

Address of Property 14695 COUNTY HWY N. DRUMMOND, WI 54832
 Telephone 715-682-3934 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If Yes, _____

Structure: New _____ Addition _____ Existing
 Fair Market Value _____ Square Footage _____

USE: _____

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) Church, outreach center
 External Improvements to Principal Building (explain) Food shed
 External Improvements to Accessory Building (explain) _____

- * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
- * 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) _____ Date 3/26/12
 Address to send permit P.O. Box 97 Drummond, WI 54832 ATTACH _____
 * See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Permit Number 12-0164 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is missing. By M. Furbak Date of Inspection 4-3-12

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

Condition: see ZC meeting minutes, affidavit of decision, & TBA

Signed Michael Furbak Date of Approval 4-5-12
 Inspector _____

Rec'd for Issuance
 JUNE 1 2012

Secretarial Staff

ENTERED