

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 375-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 JUN 11 2009
 Bayfield Co. Zoning Dept.

Application No. 09-0371
 Date: _____
 Zoning District AG-1/class 3
 Amount Paid: 756/12/09 mg

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 S 1/4
 Legal Description SE 1/4 of SW 1/4 of Section 22 Township 48 North, Range 5 West, Town of Barkdale
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 14.5
 Volume 654 Page 188 of Deeds Parcel I.D. 04-002-2-48-05-22-3 04-000-20000
 Property Owner Troy Heglund Contractor Self (Phone) 682-3316
 Address of Property 28320 Cozy Corner Rd Plumber _____
Ashland, WI 54806 Authorized Agent _____ (Phone) _____
 Telephone 682-3316 (Home) 682-5231 (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing _____
 Fair Market Value 1000.00 Square Footage 8x31=248
 USE:
 * 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) Deck
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes No _____ Number of Stories 1 1/2
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System ST
 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) _____
 External Improvements to Principal Building (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) Troy A. Heglund Date 6-11-09
 Address to send permit _____ 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 09-975 Date 8/26/2009
 Date 8/27/09 Permit Number 09-0371 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Proposed deck location (8'x31') started by owner appears to meet code requirements. Also noted at time of insp. was an illegal By Troy's Telowitzky Date of Inspection 6/16/2009
sewage discharge to surface of the ground. Order will be written to correct replace septa system.
 Mitigation Plan Required: Yes No
System to be replaced 8-28-09. Variance (B.O.A.) # Letter sent 6/29/09.
 Condition: _____

Signed Troy Telowitzky Date of Approval 8/27/2009
 Inspected for Issuance

AUG 27 2009
 Secretarial Staff

