

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
OCT 03 2008
Bayfield Co. Zoning Dept

Application No.: 08-0556
Date: 10/6/08
Zoning District: RDS AG-1
Amount Paid: \$75.00

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 NW 1/4 of SW 1/4 of Section 10 Township 517 North, Range 5 West, Town of Eileen
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
Volume 939 Page 64 of Deeds Parcel I.D. 04-020-2-47-05-10-3 08-000-30000

Property Owner Susan & Wm Erickson Contractor Owner (Phone) 715-209-3977
Address of Property 28020 State Hwy 137 Plumber _____
Ashland WI Authorized Agent _____ (Phone) _____

Telephone 715-682-2156 (Home) 209-3977 (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Written Authorization Attached: Yes No

Structure: New _____ Addition Existing _____
Fair Market Value \$300,000 Square Footage 192 Basement: Yes _____ No Number of Stories _____
Sanitary: New _____ Existing _____ Privy _____ City _____
Type of Septic/Sanitary System Septic Tank
 Mobile Home (manufactured date) _____

* 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) Shop add. to garage
 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) [Signature] Date 10-1-08
Address to send permit 28020 State Hwy 137 Ashland WI 54806 ATTACH _____
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
Date 10/10/08 Permit Number 08-0556 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Ment's code requirements per owner's representation
By Travis Tebunitzky Date of Inspection 10/09/2008
Mitigation Plan Required: Yes No Variance (B.O.A.) # for Issuance _____
Condition: _____
OCT 10 2008
SIGNED Travis Tebunitzky Date of Approval 10/09/2008
Inspector _____

