

Send #405 To Bayfield Zoning

RECEIVED

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  
OCT 13 2008  
Bayfield Co. Zoning Dept.

Application No. 08-0611  
Date: \_\_\_\_\_  
Zoning District A6-1/class 3  
Amount Paid: \$425.00 ROS  
10/14/08

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 Class A

Use Tax Statement for Legal Description

Legal Description S&E 1/4 of SW 1/4 of Section 12 Township 47 North, Range 5 West, Town of Eilseu

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2.0

Volume 965 Page 337 of Deeds Parcel I.D. 04-030-2-47-05-12-3 04-000-32000

Property Owner Boyd Carlsson Contractor OWNER (Phone) 715-682-3573

Address of Property T60 Carlson Rd. Ashland, WI 54806 Plumber T60 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-682-3573 (Home) 682-3222 (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 2

Fair Market Value \$99,000 Square Footage (2352) Sanitary: New  Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE: 214g. height = 20' Footprint = 1400sq ft Type of Septic/Sanitary System Holding Tank

\* 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) 4  Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. 533 Garage sq. ft. 966  Special/Conditional Use (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to 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) Boyd Carlsson Date 9-25-08 Copy of Tax Statement or \_\_\_\_\_ (If you recently purchased the property Attach a Copy of Recorded Deed)

Address to send permit 30310 Woodland Rd Ashland, WI 54806 ATACH

\* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number 08-1775 Date 11/04/2008

Date 11/5/08 Permit Number 08-0611 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Meets code requirements per owners representation. Site was staked and property line marked and surveyed. (Map Attached) By Travis Tubowitz Date of inspection 10/21/2008

\* Survey Map shows 4 lots, however property has not been divided not registered at Deeds office. Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_

Signed Travis Tubowitz Inspector Date of Approval 11/04/2008

Rec'd for Issuance

