

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
 FEB 27 2009

Application No.: 09-0184
 Date: _____
 Zoning District: AG-1
 Amount Paid: _____

INSTRUCTIONS: No permits will be issued until all fees are paid to Bayfield Co. Zoning Dept. 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

Legal Description: New 1/4 of Sec 10 1/4 of Section 10 Township 47 North, Range S West, Town of Eileen

Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10

Volume 934 Page 64 of Deeds Parcel I.D. # 020-1022-01-990 Use Tax Statement for Legal Description _____

Property Owner Susan Erickson Contractor _____ (Phone) _____

Address of Property 28020 State Hwy 137 Ashland, WI 54806 Plumber _____

Telephone 715-682-2156 (Home) 715-205-1659 (Work) Authorized Agent William Erickson (Spouse) (Phone) 715-209-3977

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

Structure: New Addition _____ Existing _____ Existing Existing Existing Existing

Estimated Cost of Construction _____ Square Footage 500 Sanitary: New Existing Existing Existing

Basement: Yes _____ No _____ Number of Stories Holding Tank
 Privy _____ City _____

- 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) _____
 - Residential Accessory Building (explain) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) _____
- 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) Child care center / Preschool
- 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) William Erickson Date 2/27/09
 Address to send permit 28020 State Hwy 137 Ashland WI 54806 ATTACH Copy of Tax Statement
 * See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number 38746 Date 12/26/2001
 Date 6/4/09 Permit Number 09-0184 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: Daycare/preschool operated in basement of residence - Operated on Tuesdays and Thursdays, eight students per class. Requires Special Use By Travis Tubowitz Date of Inspection 4/15/2009
 Class permit
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

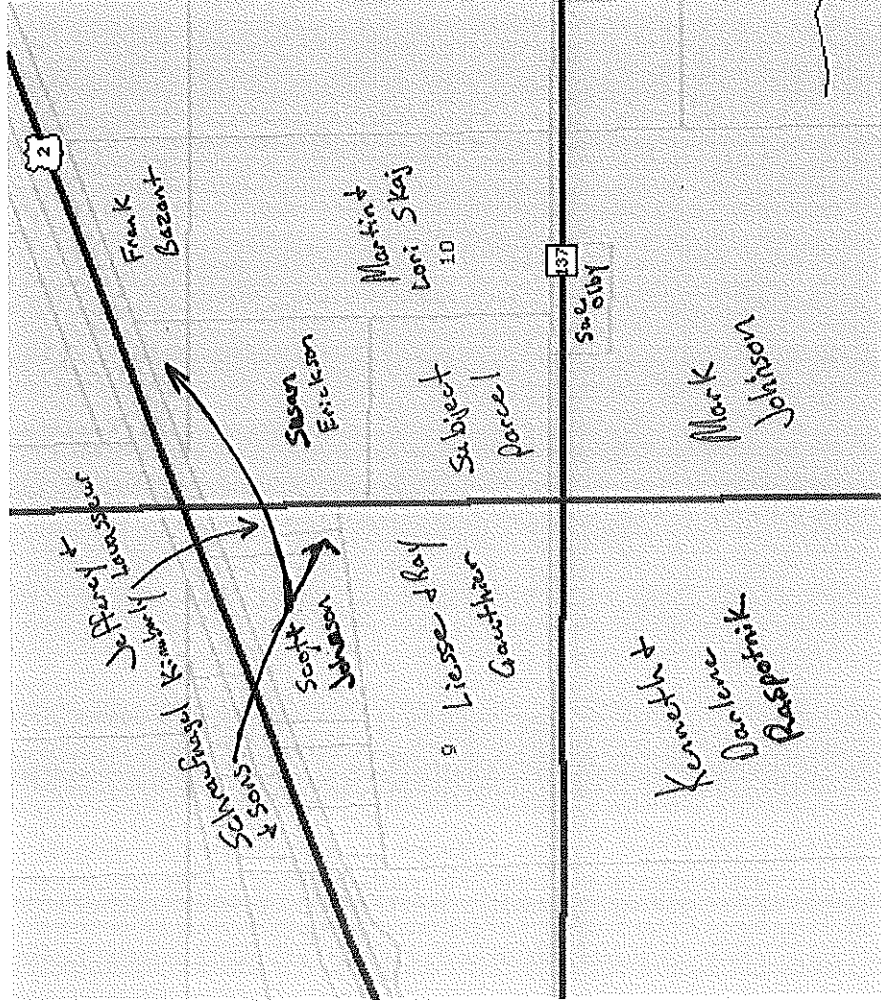
Condition: Per recorded Affidavit. - No ad'l conditions placed & z.c.

Signed Travis Tubowitz 5/27/2009 Date of Approval
 Inspector Rec'd for Issuance

SENT BY ZONING

JUN 3, 2009

Secretarial Staff



Selected point is located in the Fish Creek watershed within the Town of Eileen and is found on the *Ashli West* USGS 7.5' quadrangle. It is zoned A1 (Agricultural-1). This district is designed to provide areas for agriculture and to prevent the encroachment of scattered commercial/industrial enterprises and small lot residential development. Non-farm residences shall require Town Board approval. This location is within Ashland School District and is in Supervisory District 7. It is served by the Ashland Ambulance District : Ashland Fire Department (715-373-6120).

Query Results

Parcel Owner	Legal Description
SUSAN A KOVACH 28020 ST HWY 137 ASHLAND WI 54806	S1/2 W1/2 NW SW IN V.934 P.64 IM 2005R-503667
Location	History
Section 10, Town 47 N, Range 05 W	2006R-508140;503667
New PIN	Old PIN
04-020-2-47-05-10-3 02-000-30000	020102201990
Land Value	Improvement Value
21500.00000	187000.00000
	Total Acres
	9.88000



<http://www.bayfieldcounty.org/cgi-bin/mapserv.exe?imgxy=298+228&imgbox=298+228+2...> 3/3/2009