

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

MAY 05 2010

Application No.: 10-0125
Date: _____
Zoning District: R-1
Amount Paid: \$75.00 RDS
5/7/10

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: N²E 1/4 of NW 1/4 of Section 47 Township 47 North, Range 5 West, Town of Eileen

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1

Volume 612 Page 198 Parcel I.D. 04-020-2-47-05-12-2 01-000-3000

Property Owner John M. Nordehl Contractor John D. Olson (Phone) 292-2973

Address of Property 30310 State Hwy 137 Plumber _____

Ashland WI 54804 Authorized Agent John D. Olson (Phone) 292-2973

Telephone 292-2662 (Home) _____ (Work) _____

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

Structure: New _____ Addition Existing _____

Fair Market Value \$3000.00 Square Footage 2409

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) (10' x 24') Deck

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) Also Deck

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 5-5-10

Address to send permit John M. Nordehl 30310 State Hwy 137 ATTACH _____

* See Notice on Back Copy of Tax Statement or _____

APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed _____

Permit Issued: State Sanitary Number _____ Date _____

Date 5-10-10 Permit Number 10-0125 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's agent's representation

By Trans Tuberville Date of Inspection 5/10/2010

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

Condition: _____

Signed [Signature] Inspector

Date of Approval 5/10/2010

MAY 10 2010

Secretarial Staff

