

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 14 2010

Application No: 10-0174  
Date: \_\_\_\_\_  
Zoning District Ag-1/Class 3  
Amount Paid: 90 / 5-14-10  
mgj

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 S.W. 1/4 of N.W. 1/4 of Section 27 Township 47 North, Range 05 West, Town of E. Lee

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 39.693

Volume 988 Page 398 of Deeds Parcel I.D. 04-000-2-47-05-213 03-000-10000

Property Owner Shirley Farns Contractor Owner (Phone) \_\_\_\_\_  
Plumber \_\_\_\_\_

Address of Property 65510 Gilles Rd  
Atland, WI 54806 Authorized Agent Bill Erickson (Phone) 715-682-5019

Telephone 715-682-3994 (Home) 715-682-8439 (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 30k Square Footage 22'x26' Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residential Addition (Alteration) explain \* roof alteration  Type of Septic/Sanitary System existing mound

Residential Accessory Building (explain) No additional bedrooms  Mobile Home (manufactured date) \_\_\_\_\_

Residential Accessory Building Addition (explain) square footage \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

\* 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 create dormer on side plan  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) NO additional bedrooms  External improvements to Principal 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) W.R. Erickson Date 5-10-10

Address to send permit 2520 State Hwy 137 Atland, WI 54806 ATTACH

\* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 5/25/10 Permit Number 10-0174 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Meets code requirements per agent's representation. Dormers to be added no expansion of footprint. No additional floor space added. By Travis Taborskiy Date of Inspection 5/17/2010

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

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

Signed Travis Taborskiy Inspector  
REC'D BY INSURANCE 5/18/2010 of Approval

MAY 2010

Environmental Staff

