

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
SEP 15 2010
BY: Z.D.

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 SE 1/4 of SE 1/4 of Section 13 Township 47 north, Range 5 West, Town of Eileen

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.1

Volume 947 Page 654 of Deeds Parcel I.D. 04-020-2-47-05-13-4 04-000-12500

Property Owner Rachael Schwitz + Alicia RandaZZo Contractor self (Phone) 715-456-9595

Address of Property 67095 Ashland Bayfield Rd Plumber Tony Brown - Brown Plumbing 682-

Ashland, WI 54806 Authorized Agent _____ (Phone) 0444

Telephone 715-456-9595 (Home) 715-685-0686 (Work)

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

Structure: New Addition Existing Basement: Yes No Number of Stories 1 1/2

Fair Market Value 150,000 Square Footage 2200 Sanitary: New Existing Privy City _____

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) 3

Residence sq. ft. 2200 Porch sq. ft. 1600

Deck sq. ft. 240

* 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) _____

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) _____ Date 9-17-10

Address to send permit Po Box 943 Ashland, WI 54806 ATTACH _____

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number 16-1045 Date 9/8/10

Date 11/29/10 Permit Number 10-0485 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Septers/Conditions as Represented By other Areas to be Done

Corrected & L.O. Permit may be By DR Date of Inspection 9-22-10

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

Condition: A Uniform Ordinance Code (UOC) Permit from the locally Adopted UOC Inspection

MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION

Signed [Signature] Inspector [Signature] Date of Approval 9-22-10

Rec'd for Issuance

AND FOR TRA

NOV 29 2010

Secretarial Staff

