

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
APR 26 2011

Application No.: 11-0112
Date: 5-13-11
Zoning District: A-1/-
Amount Paid: \$75.00 BDS
4/29/11

ENTERED

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 NW 1/4 of Section 35 Township 47 North, Range 5 West, Town of Eileen
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume _____ Page _____ of Deeds Parcel I.D. 06-010-2-47-05-35-2 06-000 10000
Property Owner John P Rogers Contractor Steve (Phone) _____
Address of Property 6730 Kezenewski Rd Plover (Phone) _____
Ashland, WI 54806-2666

Telephone 715 832-2340 (Home) 715 832-2121 (Work) Written Authorization Attached: Yes No
Is your structure in a Shoreland Zone? Yes No If Yes, _____

Structure: New _____ Addition _____ Existing Distance from Shoreline: greater than 75' 75' to 40' less than 40'
Fair Market Value 512,000 Square Footage 1120 SF Basement: Yes No _____ Number of Stories 2
USE: \$10,000.00 Sanitary: New _____ Existing Privy _____ City Leech/Adventure

Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____
Residence sq. ft. _____ Mobile Home (manufactured date) _____
 Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
Residence sq. ft. 2080 Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____
 Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____
 Residential Addition / Alteration (explain) Deck/Deck Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____
 Residential Other (explain) _____

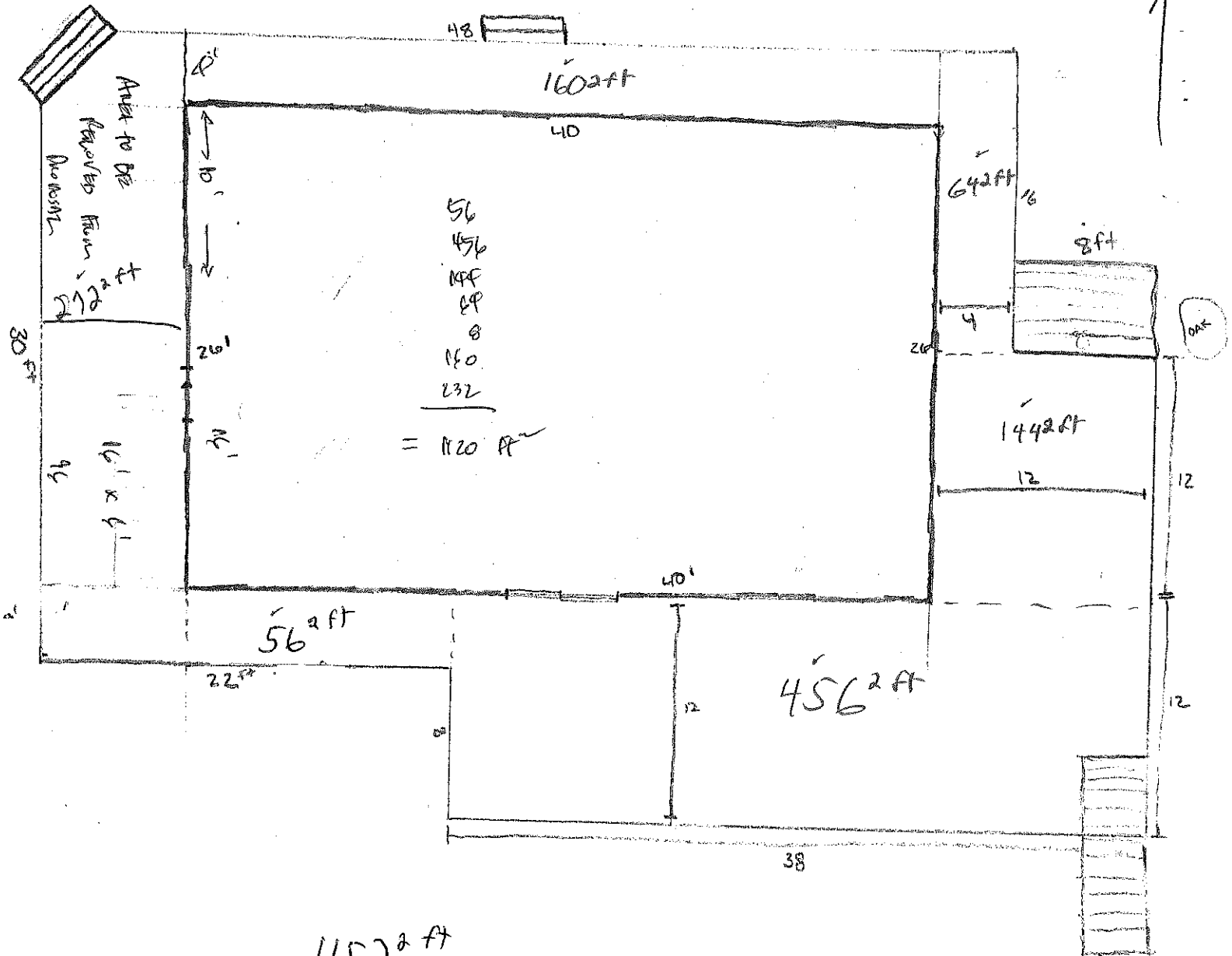
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 4/29/11
Address to send permit 64731 Kezenewski Rd Ashland, WI 54806 ATTACH
APPLICANT - PLEASE COMPLETE REVERSE SIDE
Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

* See Notice on Back
Permit Issued: _____ State Sanitary Number 4073P Date 198P
Date _____ Permit Number _____ Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structures set back 15' as required by code - Arrive to meet the code requirements & no further work by DDC Date of Inspection 5-12-11
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Structures set back 15' as required by code - Arrive to meet the code requirements & no further work by DDC Date of Approval 5-12-11

Note: Due to setback issues Deck size of this condition will be reviewed by DDC
Date of Approval 5-12-11
Signed _____ Inspector _____
Date of Approval 5-12-11

NOTE TO FILE. ALL N.C.'S SURVEYED & OBSERVED OUTLINE REPRESENTATIVE PRESENT

$$\begin{array}{r} 272 \\ - 40 \\ \hline 232 \end{array}$$



$$1152^2 \text{ ft}$$

1/8" = approx 1 foot