

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
 OCT 06 2009
 Bayfield Co. Zoning Dept

Application No. 09-0501
 Date: _____
 Zoning District R-1/CASS 2
 Amount Paid: 75 10/6/09 mg

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 2 1/4 of Section 26 Township 47 North, Range 9 West, Town of Hog Lake

Gov't Lot 2 Lot _____ Block _____ of Deeds _____ Subdivision _____ CSM # _____ Acreage 1.9

Volume _____ Page _____ Parcel I.D. 04-022-2-47-09-26.3 05-202-30000

Property Owner Don Pieper Contractor _____ (Phone) 372-4828

Address of Property 5460 Windfall Rd. Plumber NA

Hog Lake, Iron River 54847 Authorized Agent _____ (Phone) _____

Telephone 320 766 8667 (Home) 320-763-5805 (Work) _____

715-374-4828 (0063) Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____

Fair Market Value \$20,000 Square Footage 864 SF

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. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) garage

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) [Signature] Date _____

Address to send permit 2430 Little Norway SE Alexandria MN 56308

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 10/22/09 Permit Number 09-0501 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURE/SEWER AS REPRESENTED BY OWNER (PRESENT) APPEARS TO BE

CODE COMPLIANT & L.A. PERMIT ANY BE VIDEO

By DOC Date of Inspection 10-20-09

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

Condition: _____

Signed [Signature] Inspector

Date of Approval 10-20-09

Rec'd for Issuance

OCT 29 2009

Secretarial Staff

MANION'S

WHOLESALE BUILDING SUPPLIES

1300 GARFIELD AVENUE • SUPERIOR, WISCONSIN 54880

Toll Free: 1 (800) 826-7160

Fax: 1 (715) 394-5171

Local: 1 (715) 394-6606

Web Site: www.manionswholesale.com

E-Mail: manions@manionswholesale.com

John Pieper
372-4828

BM- 320-766-0063

24x36 Garage



4" Solid Block

2x4 wall

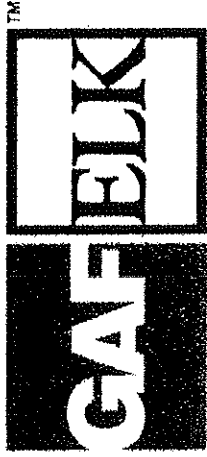
92 5/8

7/16 OSB walls

5/8 OSB Roof

2/m 30 vented

24' - 6/12 - Attic Truss - 2 O.H.
Common



Iron River

Andy

Building Products