

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
 AUG 11 2009

Application No.: 09-0346
 Date: _____
 Zoning District F-1
 Amount Paid: 75-8/21/09 mg

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
 Legal Description SW 1/4 of SW 1/4 of Section 6 Township 47 North, Range 9 West, Town of Hughes
 Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
 Volume 666 Page 365 of Deeds Parcel I.D. # 04-022-2-47-09-06-3 Use Tax Statement for Legal Description
 Property Owner Patrick B. Warbalow Contractor _____ (Phone) _____
 Address of Property 69030 County Line Road Plumber _____ (Phone) _____
 Authorized Agent _____ (Phone) _____

Telephone 372-5069 (Home) 372-6405 (Work)
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing _____
 Estimated Cost of Construction 3,000 Square Footage 180
 USE: (205)
 * 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) Porch
 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) Patrick B. Warbalow Date 8-11-09
 Address to send permit 69030 County Line Rd. Brule WI 54820 ATTACH Copy of Tax Statement

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

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 8/21/09 Permit Number 09-0346 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Separate sanitary condition as requested by owner appeals to be case
comment & permit may be issued CDL Date of Inspection 8-14-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector 8-18-09 Date of Approval
Permitting 75 sq ft Deck to be removed
Franky Road OK so...
 Rec'd for Issuance
 AUG 21 2009
 Secretarial Staff

