

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

Application No. 09-0551  
Date: \_\_\_\_\_  
Zoning District F-1  
Amount Paid: \$125 11/13/09  
mg

RECEIVED

OCT 19 2009

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 SW 1/4 of Section 10 Township 47 North, Range 9 West, Town of Hughes

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

Volume 564 Page 375 & 439 of Deeds Parcel I.D. 04-022-2-47-09-10-384-000-2000

Property Owner Michael & Susan Hesterson Contractor AT & T (Phone) 877-707-9205

Address of Property 4345 Westlund Rd. Plumber \_\_\_\_\_

Telephone 715-372-8213 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Authorized Agent Scott Casanova (Phone) 920-205-1996

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 \_\_\_\_\_

Fair Market Value \$0,000 Square Footage 200 Ft<sup>2</sup>

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

Residential Accessory Building (explain) \_\_\_\_\_

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

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

Commercial Principal Building \_\_\_\_\_

Commercial Principal Building Addition (explain) \_\_\_\_\_

Commercial Accessory Building (explain) \_\_\_\_\_

Commercial Accessory Building Addition (explain) Commercial Accessory Building

Commercial Other (explain) Cellular Facility

Special/Conditional Use (explain) \_\_\_\_\_

External Improvements to Principal Building (explain) \_\_\_\_\_

External Improvements to Accessory Building (explain) \_\_\_\_\_

Owner or Authorized Agent (Signature) Scott Casanova - Agent - AT & T Date 10-15-09

Address to send permit 420 W. Seymour St. Appleton, WI 54915 ATTACH

\* See Notice on Back (email) Scan permits to Scott @ s.casanova@stcglobal.net Copy of Tax Statement or

APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

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

Date 11/17/09 Permit Number 09-0551 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structural Concerns/Conditions as Permitted by County Staff Means to be Code

Complaint & W. Permit why be By DC Date of Inspection 10-10-09

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

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

Signed [Signature] Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

Don Hesterson - Stop Building Bldg.

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