

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 15 2008

Application No: 10-0087  
Date: \_\_\_\_\_  
Zoning District: F-1/2  
Amount Paid: \$75  
4/19/10  
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 \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description: 1/4 of 1/4 of Section 24 Township 47 North, Range 9 West, Town of HUGHES  
Gov't Lot 4 Block \_\_\_\_\_ of Deeds \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 617 Acreage 1.17  
Volume Page \_\_\_\_\_ Parcel I.D. 04-022-2-47-09-24-3-05-005-09800

Property Owner MICHAEL E MAGDOZAS Contractor SELF  
Address of Property 6545 KOLING ROAD Plumber \_\_\_\_\_  
IRON RIVER, WI 54847 Authorized Agent \_\_\_\_\_  
Telephone 218-348-4134 (Home) 715-398-5162 (Work)

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
Fair Market Value \$121,000 Square Footage 560  
Basement: Yes \_\_\_\_\_ No  Number of Stories 1  
Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
**USE:** Type of Septic/Sanitary System: NON-PRESSURIZED IN-GROUND

- \* 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) LV SPC
- 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) Michael Magdozas Date 4-14-10  
Address to send permit 2101 E. 5TH ST. SUPERIOR, WI. ATTACH  
54880 Copy of Tax Statement or  
Attach a Copy of Recorded Deed

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 4/23/10 Permit Number 10-0087 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Sanitary System/conditions as represented by other permits to be OK  
Contract & LV permit duly by DCU By DCU \_\_\_\_\_ Date of Inspection 4-20-10  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_

NEW TOILETS INSTALLED LAST YEAR (2005) Inspector [Signature] Date of Approval 4-20-10  
PERMITS SANITARY PERMIT Rec'd for Issuance  
Contractor or Buffer

APR 23 2008

Secretarial Staff