

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
 JUL 19 2011

Bayfield Co. Zoning Dept.

Application No.: 11-02608
 Date: 8-5-11
 Zoning District: F-1
 Amount Paid: \$125.00 ROS
7/20/11

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description NW 1/4 of NE 1/4 of Section 10 Township 47 North, Range 9 West, Town of Hugles CSM # _____ Acreage 25

Gov't Lot _____ Lot _____ Block _____ Subdivision _____

Volume 1004 Page 457 of Deeds Parcel I.D. 04022247091010200010000

Property Owner THOMAS & KERRY ALLEN Contractor Self (Phone) _____

Address of Property Bear Paw Wt S4847 Plumber _____ (Phone) _____

Telephone 847 209-5122 (Home) _____ (Work) _____

Written Authorization Attached: Yes No

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 Basement: Yes No Number of Stories 1

Fair Market Value 11,000.00 Square Footage 1260 Sanitary: New Existing Private City

USE: Residence of Principal Structure (# of bedrooms) Type of Septic/Sanitary System None

Residence sq. ft. _____ Mobile Home (manufactured date) _____

Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ 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) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) GARAGE / STORAGE External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) (42 x 30) 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 changed 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) [Signature] Date 7/19/11

Address to send permit 4785 N. CRYSTAL LAKE RD IR WI 54847 ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 8-5-11 Permit Number 11-02608 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Sanitary Septics/Antiseptics as requested by addn (sanitary) then to excess was

Requirements #10. Result satisfactory By [Signature] Date of Inspection 7-26-11

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

Condition: Question was not be used for known Antiseptics or for only space unless the

Attainable delivery, child use, & VDC requirements are met

ADIR addn Request Rec'd for Issuance Signed [Signature] Inspector _____ Date of Approval 7-26-11

AUG 1 2011

Secretary Star

DIMENSIONS REQUIRED

Bayfield County, WI



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42' x 30'