

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 17 2011

Application No.: 11-0390
Date: 10/17/11
Zoning District: R-1
Amount Paid: _____

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
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 S1/4 1/4 of 13 Section 13 Township 46 North, Range 9 West, Town of Alvada

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 26

Volume _____ Page _____ of Deeds _____ Parcel I.D. 06-022-2-R-09-13-1 03,000.00

Property Owner Wells Island Contractor _____ (Phone) _____

Address of Property 61970 Ash A Plumber _____ (Phone) _____

Telephone (715) 972-4188 (Home) _____ (Work) _____

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 _____

Fair Market Value N/A Square Footage N/A Sanitary: New _____ Existing _____ Privy _____ City _____

USE: _____ Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (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) HOME BRED BRANDES

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) EXT. LIGHT FIXTURES - (GUTS) RT.

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

ATTACH
Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

State Sanitary Number _____ Date _____

Permit Issued: _____ Permit Number 11-0390 Permit Denied (Date) _____

Date 10/17/11

Reason for Denial: _____

Inspection Report: There only exists one adjacent wetland. No noxious plants were

found to exist. Approved next to existing driveway. DR Date of Inspection 8-23-11

Mitigation Plan Required: Yes No CONSTRUCTIVE CONSERVATION

Condition: _____ Variance (B.O.A.) # _____

Signature: _____ Date of Approval 8-23-11

Secretary of Zoning: _____

Secretary of Zoning: _____

Secretary of Zoning: _____

Secretary of Zoning: _____

Secretary of Zoning: _____

OCT 17 2011

Secretarial Staff