

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
 MAY 05 2009

Application No. 09-02203
 Date: _____
 Zoning District R-1/1
 Amount Paid: \$175 5/5/09
(MS) 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 Part of 1/4 of Section 33 Township 47 North, Range 8 West, Town of IRON RIVER
 Gov't Lot _____ Lot _____ Block _____ Subdivision ledin CSM # _____ Acreage .79
 Volume 943 Page 59 of Deeds Parcel I.D. 04-2-47-08-33-4 00-201-09000

Property Owner Thomas & Kathleen Payne Contractor _____ (Phone) _____
 Address of Property 64220 Highway A Plumber _____

Shoan Rain, wife 54847 Authorized Agent _____ (Phone) _____
 Telephone 602 9354003 (Home) 480 342 2162 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing _____
 Fair Market Value _____ Square Footage _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

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) Thomas Payne Date 5-2-09

Address to send permit 4609 W. Aster Dr Glendale, AZ ATTACH _____
85304 Copy of Tax Statement or _____

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

Permit Issued: State Sanitary Number _____ Date _____

Date 6/10/09 Permit Number 09-0203 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Permitting this structure in a shoreland area without proper parking off street
NO VEGETATIVE PROTECTION MET By DOC Date of Inspection 5-8-09

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

Condition: A short term water remediation/purist water result is required from the
Bayfield County Health Department.

Designated Area
NO RESIN GRAD
 Signed [Signature] Date of Approval 5-9-09

NO RECORD OF PERMITS/DEEDS
 JUN 7, 2009

Development Staff

