

ENTERED

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
FEB 27 2009

Application No.: 09-0239
Date: _____
Zoning District F-1/-
Amount Paid: _____

Bayfield Co. Zoning Dept.

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 E 1/2 1/4 of SW 1/4 of Section 26 Township 47 North, Range 8 West, Town of Iron River

Gov't Lot _____ Lot _____ Block _____ Subdivision 04-04-24-06-26-3 01-000-10000 CSM # _____ Acreage 80

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-04-24-06-26-3 04-000-10000

Property Owner Mathy Construction Co. Contractor Same (Phone) (715) 682-4340

Address of Property 65990 Peinrose Lane Plumber _____

Authorized Agent Rickard A. Feasible (Phone) _____

Telephone _____ (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New NA Addition _____ Existing _____

Fair Market Value NA Square Footage NA

USE: * 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) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Rickard A Feasible Date 2/27/2009

Address to send permit Po Box 786 Ashland WI 54806

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 6/23/09 Permit Number 09-0239 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: FE. EXISTING USED USE - CONTINUATION OF SHADYGATE NON-METALLIC MINING OPERATIONS

By DDC Date of Inspection 3-17-09

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

Condition: No new conditions placed 10 year duration approved - (Exp. 6/23/19)

Signed [Signature] Date of Approval 3-17-09

Inspector Rec'd for Issuance

APPLICANT - PLEASE COMPLETE REVERSE SIDE

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

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Secretary Staff

SENT BY [Signature]

