

BMG 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

Application No: 09-04227
 Date: _____
 RECEIVED District 4-1 class 1
 Amount Paid: \$105
9/11/09/mg
 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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 33 Township 47 North, Range 8 West, Town of Iron River
 Gov't Lot 4+S Lot 4 Block Ledins CSM # 1563 Acreage .81
 Volume 9 Page 208 of Deeds Parcel I.D. 04-024-2-47-08-100-207-394000

Property Owner C.T.D. LLC Contractor Lipka Construction (Phone) 715-685-0855
 Address of Property 9838 Tee Pee Trail Plumber Blakeman Plumbing & Heating
Iron River, WI 54807 Authorized Agent _____ (Phone) _____

Telephone 715-209-0706 (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
 Fair Market Value 35,000 Square Footage 728
 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) Garage
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- Mobile Home (manufactured date) _____
- Commercial Principal Building _____
- Commercial Principal Building Addition (explain) _____
- Commercial Accessory Building (explain) _____
- Commercial Accessory Building Addition (explain) _____
- Commercial Other (explain) _____
- Special/Conditional Use (explain) _____
- External Improvements to Principal Building (explain) _____
- External Improvements to Accessory Building (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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) SAB Date 9/14/09

Address to send permit 3100 Ellis Avenue, Ashland, WI 54806 ATTACH

* See Notice on Back Copy of Tax Statement of
 (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 9-17-09 Permit Number 09-0427 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: STRUCTURE SEVERELY ADDITIONS AS REPRESENTED BY ASHER-FREEST APPEARS TO BE CONFLICT OF THE ZONING CODE By DDC Date of Inspection 9-15-09

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

Condition: Structure
 Signed [Signature] Inspector
Met w/ contractor
All PL's surveyed & approved
9-15-09
Ready for issuance

Secretary Assistant For the Structure SEP 17 2009

