

East Addition \$187.50

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

SEP 16 2009

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

Application No. 09-0432
Date: _____
Zoning District C
Amount Paid: \$187.50 ROS
9/16/09

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 SE 1/4 of Section 07 Township 47 North, Range 08 West, Town of Iron River

Gov't Lot 13-15 Block 5 Subdivision Chaska Pt of CSM # _____ Acreage 0.224

Volume 1017 Page 98 of Deeds Parcel I.D. 04-024-2-47-08-07-4 00-198-05900

Property Owner The Lakes Community Health Centers, Inc Contractor Micron Construction (Phone) 715.372.5496

Address of Property 7665 US Highway 2 Plumber TBD

Iron River, WI Authorized Agent Jill Lorenz (Phone) 373.5908

Telephone _____ (Home) 715.372.5001 (Work) _____

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

Distance from Shoreline: greater than 75' 75' to 40' less than 40'
Basement: Yes No existing, not under existing Number of Stories 2 addition

Structure: New Addition Existing

Fair Market Value \$75,000 Square Footage 745 sf

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. _____

* 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) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) build addition (14.2 x 41.2)

Commercial Accessory Building (explain) existing foundation

Commercial Accessory Building Addition (explain) build 4 x 20 ramp

Commercial Accessory Building Addition (explain) build 5 x 5 stoop

Commercial Other (explain) _____

Special/Conditional Use (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) Jill Lorenz Date 09.16.09

Address to send permit 7665 US Highway 2, Iron River, WI 54847 Copy of Tax Statement or ATTACH

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

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number _____ Date _____

Date 9/16/09 Permit Number 09-0432 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Services & Controls AS REPRESENTED BY OWNER MEET CODE REQUIREMENTS

Permit may be issued. By DDC Date of Inspection 9-17-09

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

Condition: _____

NOTE - THIS PERMIT IS VALID AS AN ALTERNATE PERMIT INSPECTOR

[Signature]
Inspector

Date of Approval 9-17-09

Rec'd for Issuance

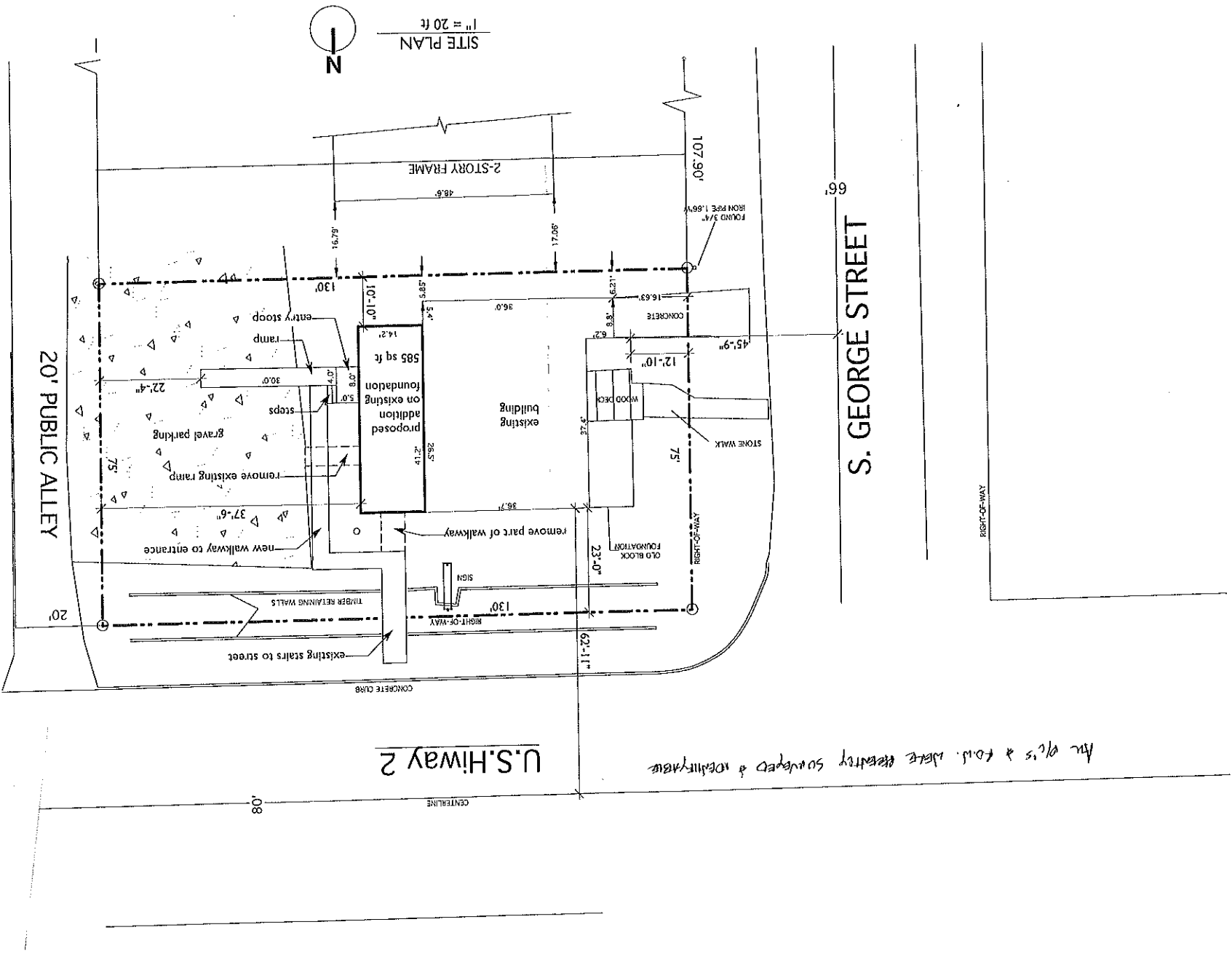
MUNICIPAL \$20 + STATE \$100 ARE PRESENT

EXISTING BUILDINGS IS NOT NON-CONFORMING TO ANY SETBACK.

SEP 18, 2009

SECTION 10.01

the old's & fold. date ready covered & replace



U.S. Highway 2

S. GEORGE STREET

20' PUBLIC ALLEY

SITE PLAN
1" = 20' ft



9/14/09
SHEET NO.
OF ONE

THE LAKES COMMUNITY HEALTH CENT

7665 U.S. HIGHWAY 2
IRON RIVER, WISCONSIN