

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

SEP 29 2009

ENTERED

Application No.: 09-0554  
 Date: \_\_\_\_\_  
 Zoning District: R-1, Class 3  
 Amount Paid: \$175.00 COAS  
10/3/09

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 4 Lot 2 Block \_\_\_\_\_ 1/4 of Section 17 Township 47 North, Range 8 West, Town of Iron River

Volume 961 Page 669 of Deeds Parcel I.D. 04-024-2-47-08-17-2 05-004-5000 CSM # 1428 Acreage 3.716

Property Owner Albert Svedby Mearnski Contractor NLW  
 Address of Property 8365 Half Moon Lake Drive Plumber \_\_\_\_\_  
Iron River, WI 54847 Authorized Agent Craig Manthey (Phone) 739-6645

Telephone \_\_\_\_\_ (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  Square Footage \_\_\_\_\_  
 Fair Market Value \_\_\_\_\_

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) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_

Special/Conditional Use (explain) short-term rental  
 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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 9/24/09  
 Address to send permit Box 130 Washburn, WI 54832

\* See Notice on Back  
 APPLICANT — PLEASE COMPLETE REVERSE SIDE  
 Copy of Tax Statement or  ATTACH  
 (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 07-728 Date 6/5/07

Date 11/20/09 Permit Number 09-0554 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: NEW HOME, CONCRETE BOIS, NO ABOVE-GROUND IMPROVEMENTS  
PRE-EXISTING STRUCTURE - CONTAINMENT OF FUEL OIL BY DDC Date of Inspection 11-3-09

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

Condition: A PERMIT FROM THE BAYFIELD COUNTY HEALTH DEPARTMENT IS REQUIRED FOR A SHORT-TERM  
HOTEL ACCOMMODATIONS.

Signed [Signature] Inspector [Signature] Date of Approval 11-3-09

REC'D for Issuance

No SINKAGE NOTED

NOV 18, 2009

Secretarial Staff

