

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

MAR 02 2010

Application No. 10-0033
 Date: _____
 Zoning District CF-
 Amount Paid: 125.-
3/9/10 / 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
 Parcel No. N.S. 14 of S.E. 14 of Section 7 Township 47 North, Range 8 West, Town of Iron River
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.37
 Volume 573 Page 238 of Deeds Parcel I.D. 04-024-2-47-08-07-4 01-000-20000

Property Owner Richard-Karen Petersen Contractor Self (Phone) 715-372-8118
 Address of Property 7885 U.S. Hwy 2. Plumber _____
Iron River WI 54847 Authorized Agent _____ (Phone) _____

Telephone 372-4202 (Home) 715-392-1045 Cell _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing _____
 Fair Market Value 30,000 +/- Square Footage 120 sq ft
 USE: _____

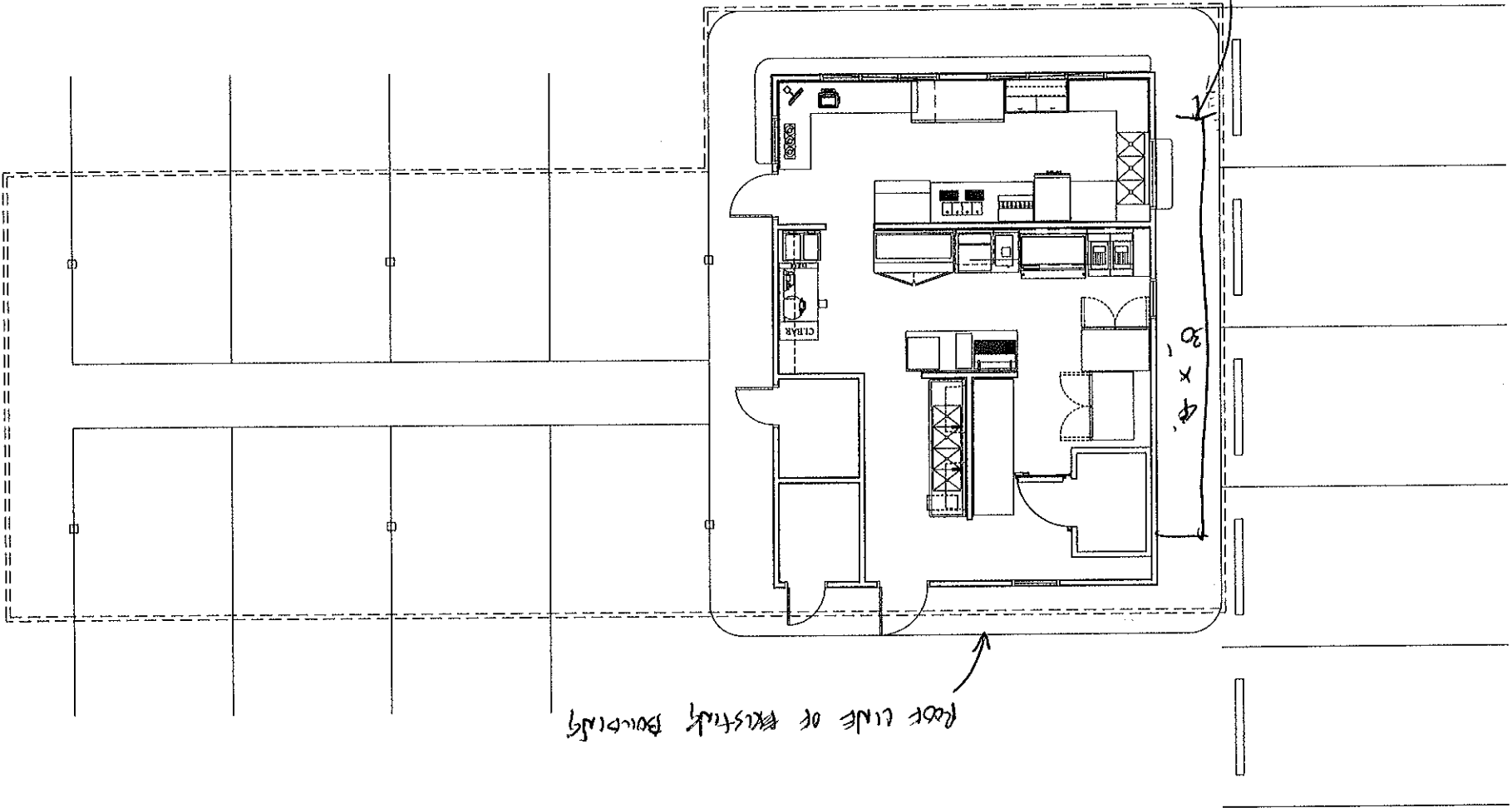
- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____

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) Karen M Petersen Date 3-1-2010
 Address to send permit PO. Box 175 Iron River WI 54847 AITACH
 Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Date 03/09/10 Permit Number 10-0033 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Shoreland setbacks/conditions as mandated by order letter to be done amount
300 PERMIT MAY BE ISSUED. BY DOC Date of Inspection 3-2-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector 3-2-10 Date of Approval
Rec'd for Issuance
 No Change of Footprint!



PROPOSED ADDITION

ROOF LINE OF EXISTING BUILDING

30' x 40'

NOTE - CONCRETE ADDITIONS WILL NOT EXTEND BEYOND EXISTING FOOTING