

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**

Application No: 10-0006
 Date: _____
 Zoning District: R-1/2
 Amount Paid: \$225
12/17/09 mg

RECEIVED
 DEC 16 2009
 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 1/4 of 1/4 of Section 02 Township 02 North, Range 08 West, Town of IRON RIV

Gov't Lot 7 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 4.32

Volume 907 Page 884 of Deeds Parcel ID. 04-024-2-17-08-02-3 OS-007-10000

Property Owner CHRISTOPHER J FORSLYND Contractor HOLLIS LAW BUILDERS (Phone) 218-428-5123

Address of Property 1100 S. LONG LAKE ROAD Plumber TO BE DETERMINED

Telephone 715-360-4450 (Home) 715-634-5470 (Work) Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____ Written Authorization Attached: Yes No

Distance from Shoreline: greater than 75 75 to 40' less than 40'

Structure: New _____ Addition Existing _____ Basement: Yes No _____ Number of Stories 2

Fair Market Value \$75k Square Footage ~1100 Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence of Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System (MANUAL - REFERENCE SCHEDULES SEPTEMBER 2010)

* Residence sq. ft. _____ Commercial Principal Building _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Principal Building Addition (explain) _____

Residential Addition / Alteration (explain) PARTIAL 2nd STORY ADD & REMOVAL Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) [Signature] Date 15 DEC 2009

Address to send permit 317 PINE RIDGE LANE, TOMAHAWK, WI 54487 ATTACH _____

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

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 09-1945 Date 2009 November

Date 1/8/10 Permit Number 10-0006 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: PERMIT ADDITIONAL ON REMOVAL OF 3rd OF EXISTING PORCH - PERMIT MAY BE ISSUED. NO EXAMINATION OF FOOTING By ODL Date of Inspection 12-18-09

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

Condition: THE TERMS & CONDITIONS OF THE AGREED ORD AUTHORIZED RAS DATED 8/8/08 MUST BE IMPLEMENTED AND ONE (1) YEAR OF THE DATE OF THIS PERMIT & THE ENDING TO THE CURRENT & ALL FUTURE PROPERTY ORDERS.

Signed [Signature] Date of Approval 12-18-09
 Inspector [Signature] Rec'd for Issuance
(01/08/11) JAN 7 2010

