

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.: 10-0015
 Date: _____
 Zoning District: R-1 (aka 1)
 Amount Paid: 900.- 7/27/09
mg

RECEIVED
 JUL 14 2009

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 24 Township 47 North, Range 8 West, Town of Red River
 Gov't Lot 3 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.06
 Volume _____ Page _____ Parcel I.D. 54-024-2-07-08 34-2 05-003-08000

Property Owner RITA L. VIAGER Contractor NORTHERN TRENDS (Phone) 218-391-6874
 Address of Property 10150 TEEPEE TRAIL Plumber DAVE NELSON

Telephone 715-372-5144 (Home) SAME (Work) _____ Authorized Agent _____ (Phone) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition _____ Existing _____
 Fair Market Value 249,000 Square Footage 750
USE: \$325,000 300,000
 * Residence or Principal Structure (# of bedrooms) _____
 * Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) LOFT, BENSROOM.
 Residential Accessory Building (explain) (WHEELCHAIR ACCESS)
 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) _____
 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) Rita Viager Date 7-13-09
 Address to send permit 10150 TEEPEE TRAIL / IRON RIVER, WI 54847 ATTACH _____
 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 09-715 Date July 2009
 Date 2/3/10 Permit Number 10-0015 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: EXISTING NON-CONFORMING STRUCTURE 40' FROM DRIVE > 600 SQ FT OF FOOTPRINT
PERMIT MAY BE ISSUED w/ CONDITIONS. By DOZ Date of Inspection 7-16-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: THE TERMS & CONDITIONS OF THE CONTRACTUARY AGREED TO SPONSORSHIP/MITIGATION PLAN ARE BINDING UNLESS THE CONTRACTOR IN THE FUTURE PROVEY UNLAWY
 Signed [Signature] Inspector _____
 Date of Approval 7-15-09
 Rec'd for Issuance Feb 3, 2010

POSTS & AFFIDAVIT

Secretarial Staff

