

West Addition (variance)

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.: 10-0051
Date: _____
Zoning District: C
Amount Paid: \$187.50
RDS 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 14 of SE 14 of Section 07 Township 47 North, Range 08 West, Town of Iron River
Gov't Lot 13-15 Block 5 Subdivision original Plat of Iron River 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 Center, Inc. Contractor Micron Construction (Phone) 715-372-5496
Address of Property 7665 US Highway 2 Plumber TBD
Iron River, WI Authorized Agent Bill Lorenz (Phone) 373-5908

Telephone _____ (Home) 715-372-5001 (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New _____ Addition Existing _____
Fair Market Value \$75,000 Square Footage 728
USE: _____
 * 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) _____
 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) Bill Lorenz Date 09.16.09
Address to send permit 7665 U.S. Highway 2 Iron River, WI 54847 ATTACH
The Lakes Community Health Center Attn: Reba Rice Copy of Tax Statement or
* 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 3/31/10 Permit Number 10-0051 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Permitted Use w/ Commercial Zoning Dist. w.o. Permit may be issued
Permitting B.O.A. Decision By DC Date of Inspection 9/2009
Non-Shoreland Zone Pre-Existing Structure
Mitigation Plan Required: Yes No Variance (B.O.A.) # 09-12 B
Condition: per attached decision of B.C. Board of Adjustment
Signed [Signature] Inspector _____ Date of Approval 3-31-10
Rec'd for issuance

SENT BY _____

MAR 31 2010

Secretarial Staff

Adjoining Property Owners Parcel Map

