

Not Entered

**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**

APR 29 2010

Application No: 10-0118  
 Date: \_\_\_\_\_  
 Zoning District: E-1/Cass 3  
 Amount Paid: 75.5/3/10 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 \_\_\_\_\_  
 Legal Description Lot 1+2 of 53rd 466 1/4 of Section 33 Township 47 North, Range 8 West, Town of IRON RIVER  
 Gov't Lot Lot 4 of 53rd Block 40 Subdivision \_\_\_\_\_ CSM # 400 Acreage 3.938  
 Volume 670 Page 352 of Deeds Parcel I.D. # 04:024-2-47-08-33-1 03-000-03000  
 Property Owner MARY JANE REED Contractor GREGG B. GYSON CONY (Phone) 715-372-4196  
 Address of Property 64745 EAST BASS LK. RD. Plumber \_\_\_\_\_  
IRON RIVER, WI. / 120 WASHINGTON ST. Authorized Agent \_\_\_\_\_  
ROLYSTONE, MN 55969 Telephone 507-689-2517 (Home) 507-457-4366 (Work)

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Estimated Cost of Construction \$ 20,000.00 Square Footage 1200 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
 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) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) GARAGE 26x30 780  
 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) Wally Jane Reed Date 4/27/2010  
 Address to send permit GREGG B. GYSON CONY 62290 FINGER LK. RD. MASON WI 54856 ATTACH \*  
 \* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

**APPLICANT - PLEASE COMPLETE REVERSE SIDE**

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 5/7/10 Permit Number 10-0118 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: STRUCTURE BEHINDS AS REQUESTED BY OWNER (PRESIDENT) APPROX 10 FEET  
CODE COMPLIANT TO CURRENT CITY BY DOL BY DOL Date of Inspection 5-3-10  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Signed [Signature] Inspector \_\_\_\_\_  
 Rec'd for Issuance Approval  
MAY 5, 2010  
 Secretarial Staff

