

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

JUL 28 2010

Application No.: 10-0295
Date: _____
Zoning District: 6-1 class 1
Amount Paid: \$75
7/29/10 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

Legal Description 1 1/4 of 27 Township 47 North, Range 8 West, Town of Iron River

Gov't Lot 1 Lot _____ Block _____ Subdivision _____

Acreage 1.81

Volume 853 Page 164 of Deeds Parcel I.D. 04024 247082730500104000

Property Owner William Glew Contractor Self (Phone) _____

Address of Property 65100 McCarry Lake Rd Plumber _____

Iron River, WI 54847 Authorized Agent _____ (Phone) _____

Telephone 715-372-4527 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New _____ Addition Existing _____
Fair Market Value 17,000 Square Footage 336

USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) Garage Addition
 Residential Other (explain) _____

Basement: Yes _____ No Number of Stories _____
Sanitary: New _____ Existing Privy _____ City _____
Type of Septic/Sanitary System ST

Mobile Home (manufactured date) _____
 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) _____

Owner or Authorized Agent (Signature) William Glew Date July 28, 2010

Address to send permit General Delivery, Iron River, WI 54847 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 _____ Date _____

Date 8/12/10 Permit Number 10-0295 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Services/conditions AS REQUESTED BY ASSE - APPEAL TO ETC CODE COMPLIANT

NO JUDGMENT MAY BE ISSUED. By DDC Date of Inspection 8-10-10

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

Condition: _____

Signed [Signature] Inspector

Date of Approval 8-10-10

Recorded _____

ANCE

AUG 11 2010

Sanitarian Staff

including all land between the mean high water line and the water's edge, and the easements of record.

That I have fully complied with Chapter A-E 7 of the Wisconsin Administrative Code and the Bayfield County Subdivision Control Ordinance in making the same; and

That said survey and map are correct to the best of my knowledge and belief.

Robert A. Mick, L. S. 962
SUPERIOR SURVEYS, INC.
78215 State Hwy. 13
Washburn, WI 54891
July 18, 2003

HART LAKE

