

ENTERED

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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

AUG 25 2010

Application No: 10-0332
 Date: _____
 Zoning District F-1
 Amount Paid: \$75.00 PDS
8/26/10

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 18 1/4 of Section 18 Township A7 North, Range S West, Town of Iron River

Gov't Lot 6 Block _____ of Deeds _____ Subdivision Block W-24785 CSM # 10 Acreage 1.0

Volume _____ Page _____ Parcel I.D. SP-024-2-47-06-18-2 00-225-06000

Property Owner Iron River Properties Contractor JoLF (Phone) _____

Address of Property 67845 Moon Lake Rd Plumber _____

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

Telephone 7089123700 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No **if yes.**

Structure: New Addition Existing Basement: Yes No Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value 2,000 Square Footage 320 Sanitary: New Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System Cast Iron

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

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

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

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) Deck 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) Leonard J. Summich (Summich) Date 8-17-2010

Address to send permit per ck. 7090 Sears Rd I. River 54847 ATTACH

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

Permit Issued: State Sanitary Number 377446 Date 1995

Date 8/26/10 Permit Number 10-0332 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURE SIZES (DIMENSIONS) AS REPRESENTED BY OWNER/AGENT APPEARS TO BE AN COMPLIANT. BY DDC Date of Inspection 8-24-10

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

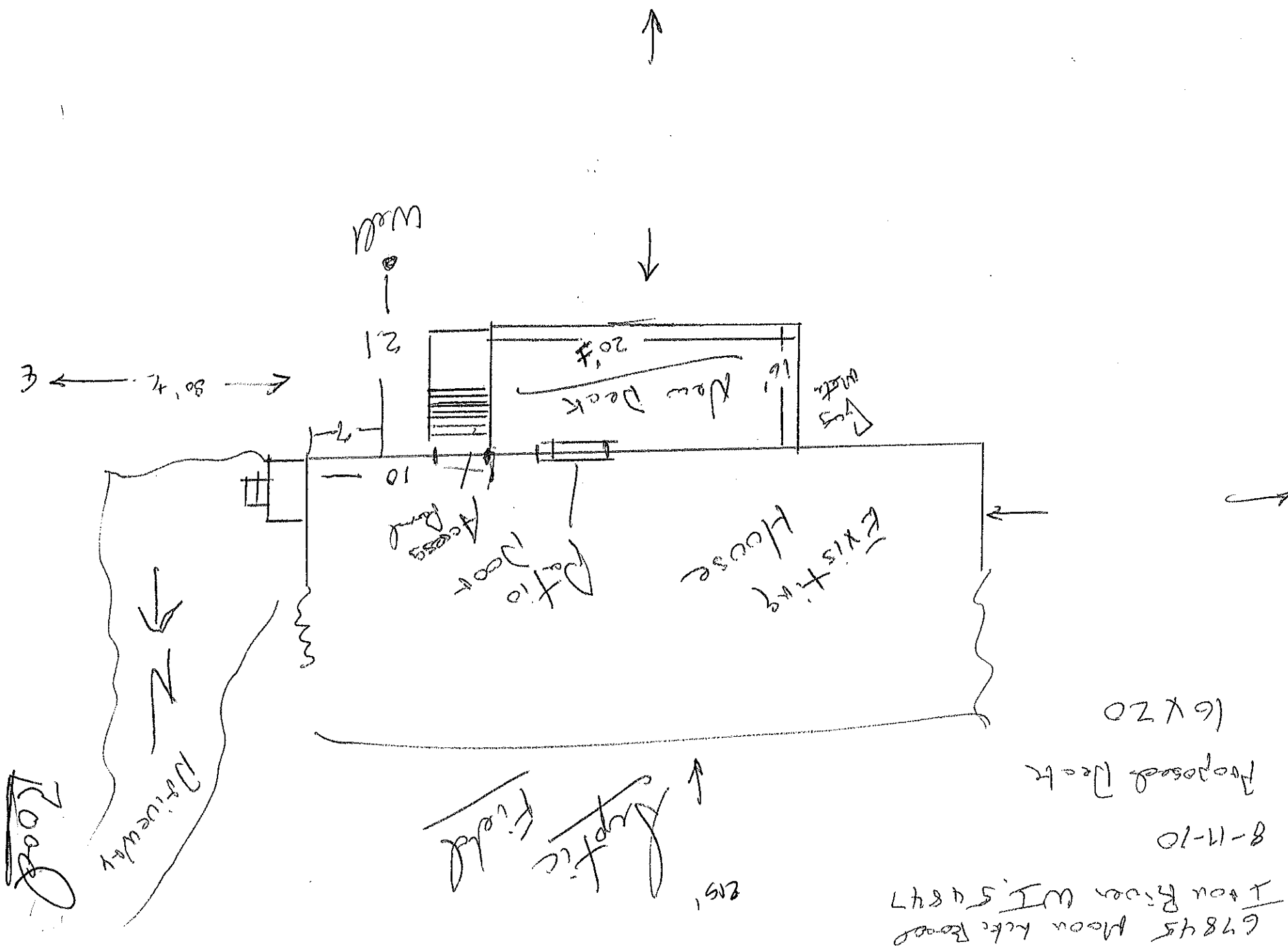
Condition: _____

For Review Permit 1177-576 Signed [Signature] Inspector _____ Date of Approval 8-24-10

DPF: ATTACHES OF INFORMATION Rec'd for Issuance _____

FILE 8/16/2010

Secretarial Staff



67845 Moon Lake Road
 Iron River WI 54847

8-11-10

Proposed Deck

16 x 20