

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

JAN 06 2011
 Bayfield Co. Zoning Dept.

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.

ENTERED

Application No.: 11-0005
 Date: _____
 Zoning District: R-1 OKS 1
 Amount Paid: 1/6/11 \$100 - mg

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description: Block 3 1/4 of Section 29 Township 47 North, Range 8 West. Town of Iron River
 Gov't Lot 3 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 0.96 ±
 Volume _____ Page _____ of Deeds _____ Parcel I.D. OK-024-2-47-06-28-1 05-003-07-000

Property Owner: Mike & Linda Hoffmann (Hoffmann) Contractor: Self (Phone) _____

Address of Property: 6575 South Point Drive Plumber _____
Iron River WI 54841 Authorized Agent _____ (Phone) _____

Telephone: _____ (Home) (920) 322-7849 (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____
 Fair Market Value 500.00 Square Footage 140
 USE: _____

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) 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) Sanitary System

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) Mally Hoffmann Date 12/27/10
 Address to send permit: 2095 Dote Drive Apt 305, White Bear Lk, MN 55110 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 1/12/11 Permit Number 11-0005 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Shoreland Property To Prepare Construction Permit Status for Lake Access.
 Result May Be Issued By IDC Date of Inspection 1-1-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: WADING'S MAY NOT EXCEED 40 FT².

Signed _____ Inspector _____
 Date of Approval _____

COVER REPLACES PRE-EXISTING DEED

