

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 09 2011

Bayfield Co. Zoning Dept.

Application No: 11-0282
 Date: 8/18/2011
 Zoning District: CF
 Amount Paid: \$125.00 COS
8/9/11

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 1/4 of Section 8 Township 47 North, Range 8 West, Town of IRON RIVER
 Gov't Lot 223 Block 1 Subdivision _____ CSM # _____ Acreage .93

Volume 737 Page 113 of Deeds Parcel I.D. 04-024-2-47-08-4 00-197-20000

Property Owner MONICA BRILLA Contractor MICRON CONST (Phone) 715-372-5496
715-309-4363

Address of Property IRON RIVER, WI 54847

Plumber _____

Authorized Agent RON MICHAELIS (Phone) 715-372-5496

Telephone _____ (Home) 715-746-2746 (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value \$10,000.00 Square Footage 384 Basement: Yes _____ No Number of Stories 1

Sanitary: New _____ Existing Privy _____ City Washburn

Type of Septic/Sanitary System ST OnVehic

* Residence or Principal Structure (# of bedrooms) _____

* Residence w/attached garage (# of bedrooms) _____

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

* 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 property described property for any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 8/9/11

Address to send permit 8560 TOPPER RD, IRON RIVER, WI 54847

ATTACH

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number _____ Date _____

Date 8/18/2011 Permit Number 11-0282 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Spaceth systems/conditions as transmitted by other agencies to be done

Contract for sewerer drain BY DR Date of Inspection 8-11-11

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

Condition: _____

Give check to fiscal foundation
 Signed [Signature] Inspector Rec'd for issuance Date of Approval 8-11-11
AUG 18 2011





230' ← →
PROPERTY LINE

EAST LOTS 223 Block 1
04.024-2-47-08-4 00-197-20000

RL
SOUTH
REST

RL
SOUTH
REST

30' 24'
K

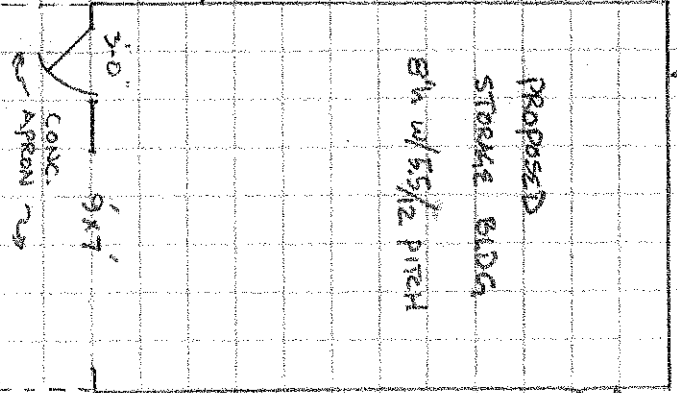
16'-0" w/2'-0" O.H.

250'

176'

PROPOSED
STORAGE BLDG
8 1/4" w/5 1/2" PITCH

24'-0" w/2'-0" O.H.



EXISTING
BLDG.

6560 TOPPER RD
IRON RIVER, WI

EXISTING
CONC.
ENTRY

NEW
SYSTEM

10'-0"

7'-0"

3'-0"

9' x 7'

CONC.
APRON

14'

14'

