

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
 MAR 10 2009
 Bayfield County Zoning Dept.
 RECEIVED
 MAR 07 2011

Application No.: 11-0354
 Date: 9/28/2011
 Zoning District: F-1
 Amount Paid: \$350.00 MS

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.

Bayfield Co. Zoning Dept.

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

Use Tax Statement for Legal Description

Legal Description SE 1/4 of SW 1/4 of Section 36 Township 47 North, Range 8 West, Town of Iron River
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 39

Volume _____ Page _____ of Deeds Parcel I.D. 02P-2-01-05-36-3 02-000-0000

Property Owner Mathy Construction Co. Contractor Same as left (Phone) 682-4340

Address of Property Office PO Box 786 Ashland WI 54806 Plumber _____ (Phone) _____

Authorized Agent Richard Fosythe (Phone) _____

Telephone _____ (Home) _____ (Work) _____ Written Authorization Attached: Yes No N/A

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 _____ Basement: Yes _____ No _____ Number of Stories _____

Fair Market Value _____ Square Footage _____ Sanitary: New _____ Existing _____ Privy _____ City _____

USE: Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/leak-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

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

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) Sand & Gravel Pit

Residence sq. ft. _____ Garage sq. ft. _____ External Improvements to Principal Building (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Accessory Building (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 ordinance to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Richard Fosythe Date 3/2/2009

Address to send permit PO Box 786, Ashland WI 54806 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 9/28/2011 Permit Number 11-0354 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Constructive used by a non-merchant building she/Phyllis address to site MS

NO change in use By DE Date of Inspection 9-12-11 NON-MERCHANT SITE (S# NJ)

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

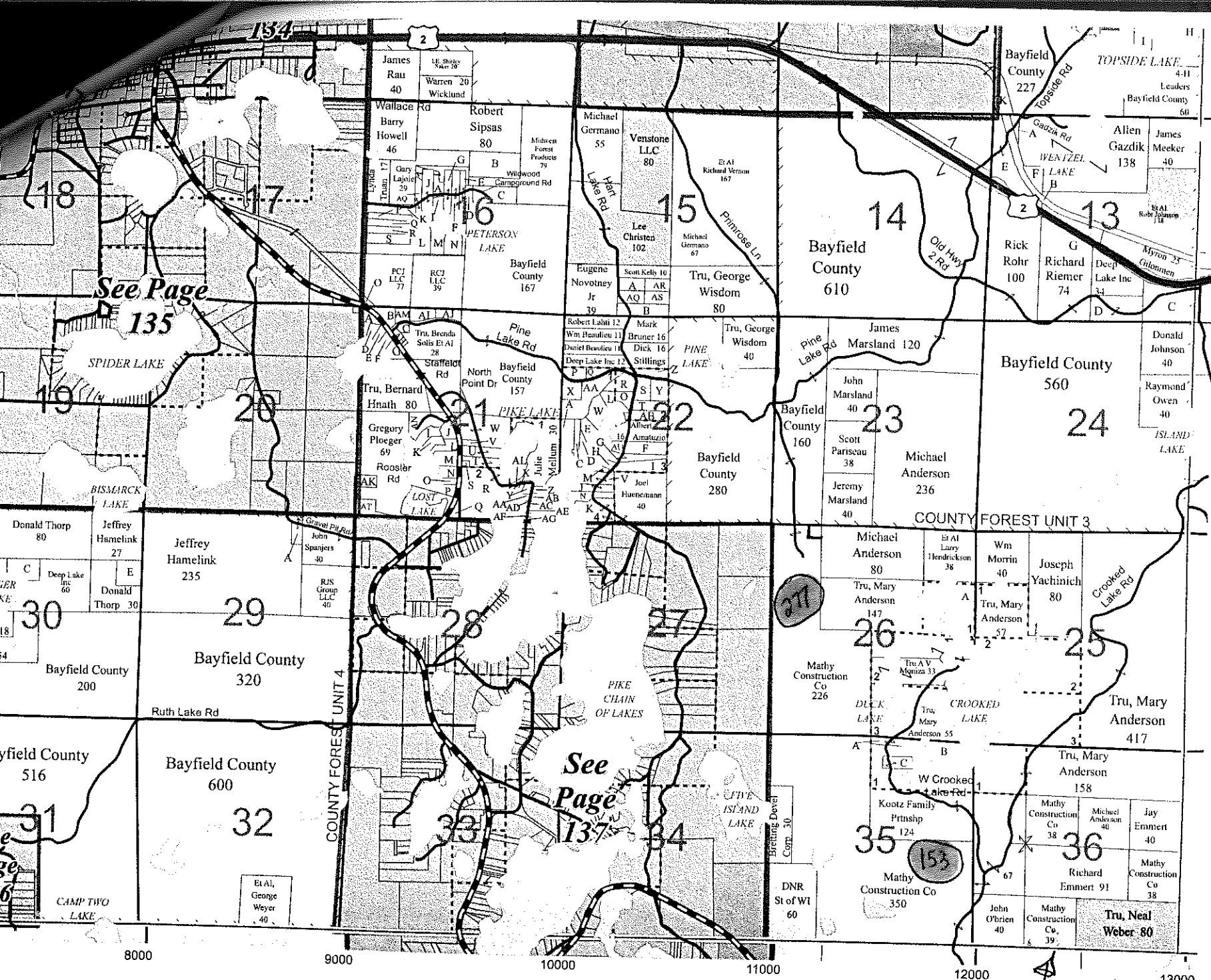
Condition: As per Z.C. Decision of 11-21-11, it is described as var. MS R 019

Signed [Signature] Inspector Rec'd for Issuance Date of Approval 9-28-11

Reviewed by [Signature] Date of Approval

Secretary Staff

ENTERED



See KEYSTONE - WEST & PILSEN - WEST Page 57

See DELTA - WEST Page 45

* Subject Parcel