

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 29 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0870
 Date: 8/8/2011
 Zoning District: A-1
 Amount Paid: \$132.00 PDS
81111

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: NE 1/4 of SW 1/4 of Section 32 Township 46 North, Range 5 West, Town of Kelly
 Gov't Lot: _____ Lot: _____ Block: _____ Subdivision: _____ CSM #: _____ Acreage: 40

Volume: 1059 Page: 174 of Deeds NEW Parcel I.D.: 04-0210-2-410-05-32-3 01-000-31000

Property Owner: Superior Ag Products Contractor: LIPKA Construction (Phone) 715-685-0855

Address of Property: 58355 Nelson Rd Plumber: _____

Mason, WI 54820 Authorized Agent: Frank Lipka (Phone) 715-685-0855

Telephone: 715-685-0855 (Home) 715-292-1189 (Work)

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

Structure: New Addition _____ Existing _____

Fair Market Value \$44,000 Square Footage 4,800

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) 100' x 80' Pole Barn

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Address to send permit: 3100 Ellis Ave, Ashland, WI 54806 ATTACH _____

Owner or Authorized Agent (Signature) [Signature] Date: 7-29-11

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date: 8/8/2011 Permit Number: 11-0870 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Will attend. Meet all setbacks. Property Supervisor signed

Inspection Date: 8-2-11

Mitigation Plan Required: yes NO Variance (B.O.A.) # _____

Condition: Not to be used for human habitation. No water

under pressure in structure.

Rec'd for Issuance _____ Signed: Michael Fuchs Date of Approval: 8-3-11

Inspector: _____

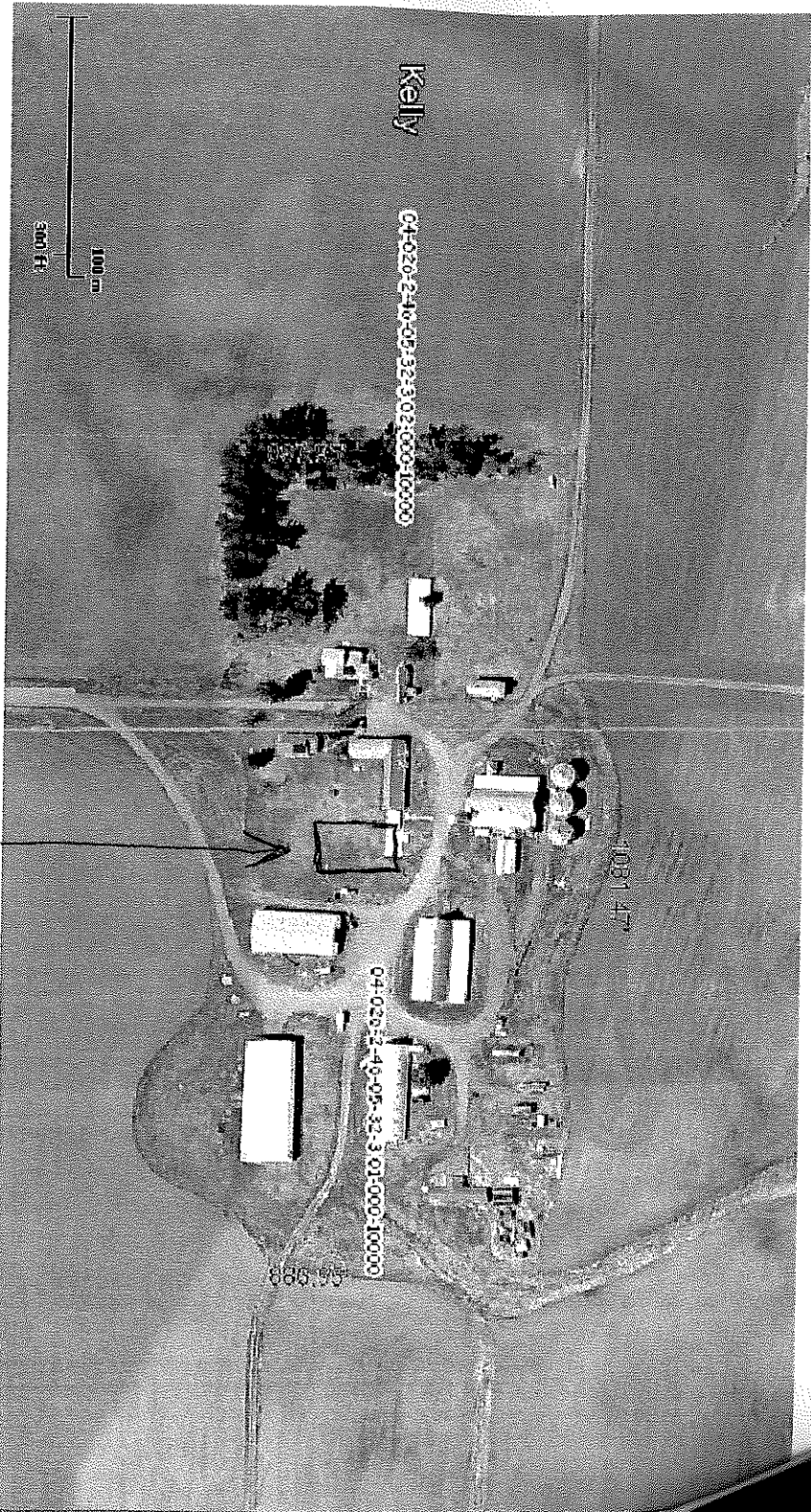
Secretary: _____

04-026-2-46-05-32-3 01-000-10000 - parent parcel

026-1066-08 000



Superior Ag Products



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Proposed Bldg

- 140' to West lot line
- 400' to South lot line
- 1100' to East lot line
- 700' to North lot line
- 600' + to navigable water (creek)
- 550' + to intermittent stream