

\$ 350.00

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

NOV 16 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.

Application No.: 12-0014
Date: 2/24/2012
Zoning District: A-1, B
Amount Paid: _____

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

Use Tax Statement for Legal Description
Legal Description N1/2 1/4 of NE 1/4 of Section 28 Township 46 North, Range 5 West, Town of Kelly

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 937 Page 5 of Deeds Parcel I.D. 04-026-2-46-05-23-1 02-000-10000

Property Owner Brenda and Joshua Reoley Contractor _____ (Phone) _____

Address of Property Maple Ridge Ridge Rd Plumber _____ (Phone) _____

Telephone 715-413-0203 (Home) 715-685-0600 (Work) Authorized Agent _____ (Phone) _____

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

Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Basement Yes _____ No _____ Number of Stories _____

Sanitary: New _____ Existing _____ Privy _____ City _____

Type of Septic/Sanitary System _____

Mobile Home (manufactured date) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) Sand and gravel quarry

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (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 above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Joshua Reoley Date 11-15-2011

Address to send permit 61117 Hillside Lane, Ashland, WI 54806 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 2/24/2012 Permit Number 12-0014 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Property is a hayfield. By MJF Date of Inspection 11-17-11

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

Condition: see affidavit & ZC decision

Record for Issuance _____ Signed Michael Stuckel Date of Approval _____

Secretary Staff _____
