

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

NOV 16 2011  
 Bayfield Co. Zoning Dept.

Application No: 12-0015  
 Date: 2/24/12  
 Zoning District: A-1  
 Amount Paid: \_\_\_\_\_

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 N 1/4 of 1/4 of Section 28 Township 46 North, Range 5 West, Town of Kelly

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel ID. 040262460528101000-16000

Property Owner Josha Rowley + Brenda Milk Rowley Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property Roy Anderson Rd Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-413-6323 (Home) 715-635-0606 (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'

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

\* Residence w/deck-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 sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) Send to gravel pit

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (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 above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Josha Rowley Date 11-16-11

Address to send permit 6117 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 2/24/12 Permit Number 12-0015 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

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

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

Condition: see affidavit & ZC decision

Rec'd for Issuance FEB 24 2012 Signed Michael Fintel Date of Approval 2-9-12  
 Secretarial Staff 2/25/2012  
CAC KAC

