

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 JUN 14 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: 11-0198
 Date: 7-7-11
 Zoning District: A-1 (CROSS 3)
 Amount Paid: \$75.00 EDS
6/16/11

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

Use Tax Statement for Legal Description
 Legal Description N1/2 SW 1/4 of NW 14 Township 48 North, Range S West, Town of Bardsdale
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 15.0

Volume 1063 Page 204 of Deeds Parcel I.D. 04 002 2480514 20300015000

Property Owner Paul Mard Susan L Amundson Contractor PH (Phone) _____

Address of Property 73700 Ondossagon Rd Plumber _____ (Phone) _____

Washburn WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715-373-0645 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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 1

Fair Market Value 15,660 Square Footage 1296 Sanitary: New _____ Existing Privy _____ City _____

USE: Residential or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System HT

Residence sq. ft. _____ Garage sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/attached porch (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

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

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) patio bar (29'x48') External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) Paul Mard Date 6-14-11

Address to send permit 74705 Strecker Rd Washburn WI 54891 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 7-7-11 Permit Number 11-0198 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure satisfies conditions as verified by callr appears to be code compliant & no permit may be By DR Date of Inspection 6-21-11

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

Condition: _____

Rec'd for Issuance

JUN -28 2011

Signed [Signature] Inspector Date of Approval 6-21-11

Secretarial Staff

[Signature]

WALL SITES AT OBSERVATION



P. MAGASSANO