SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STÂTEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

BAYFIELD GOUNTS, IN ISCOUNTS

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Date ship (Received)

SEP 2 6 2012

Bayfield Co. Zoning Dept.

Refund: Date: Permit #: Amount Paid: 150°

| access to the | The County ordinances to have | n aoministering Da | ty officials charged wi | (we) consent to coun | n I (we) am (are) providing in or with this application. I (we) consent to county oriclais charged with a sign of infoertion. | purpose of inspection. | able time for the p | wheld County rely only at any reason 011123 | may be a result of Bar above described propo Owner(s): |
|--|--|--|--|--|--|---|--|---|--|
| dge that I (we) | complete. I (we) acknowle | ENALTIES rue, correct and ther to issue a pe | IT WILL RESULT IN P wledge and belief it is t ty in determining whet | WITHOUT A PERM, best of my (our) know oon by Bayfield Count | ARTING CONSTRUCTION amined by me (us) and to the ng and that it will be relied up | 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) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which | FAILURE ding any accompa | application (inclu or the detail and a | I (we) declare that this am (are) responsible fi |
| who make the second | × | ~ | HASTONIAN CO. | THE STATE OF THE S | | explain) | Other: (explain) | | |
| | x) | ^ | | | | Conditional Use: (explain) | Conditio | | |
| | x) | | | | | Special Use: (explain) | Special | | |
| | `\\ > | - | Ammunithining or me ere ere e | estimation in | /Alteration (specify) | Accessory Building Addition/Alteration (specify) | Accesso | | |
| | × × | | | |) | Accessory Building (specify) | Accesso | Τ, | wallicipal ose |
| 3 | × (C) | 1 1 | Tree may be | 8 | MIND PUSTON | 12 | + | T - | Menicipal |
| *************************************** | × | | | A PARTICULAR A PAR | date) | Mobile Home (manufactured date) | Mobile | | |
| | x) | es) (| food prep facilitie | or 🗆 cooking & | ☐ sleeping quarters, | Bunkhouse w/ $\{\Box$ sanitary, or \Box sleeping quarters, or \Box cooking & food prep facilities) | Bunkho | | |
| | × | (| | | arage | with Attached Garage | | Use | ☐ Commercial Use |
| | × : | | | | | with (2 nd) Deck | | | • |
| | × × | - - | | | | with (2"") Porch | | *************************************** | |
| | X) | | | | a a a a a a a a a a a a a a a a a a a | with a Porch | | Jse | Residential Use |
| | × | | | | | with Loft | | Π | |
| | × ; | | | The state of the s | structure on property) | Residence (i.e. cabin, hunting shack, etc. | Residen | | |
| Square Footage | Dimensions X |) D | | re | 3 | firet | Princina | | Proposed Use |
| | | | AAIAAI. | | reign. | 8 y a y | / ts/ | cuon: | Proposea Construction: |
| 8) | Height: | 10 | | _7 | Length: | for is relevant to it) | (If permit being applied | : (if permit b | Existing Structure: |
| | | | □ None | | A CAPACITICAL MINIMINIMINIMINIMINIMINIMINIMINIMINIMIN | | | | |
| | | oilet | | - A PROPERTY OF THE PARTY OF TH | | ☐ Foundation | A A A A A A A A A A A A A A A A A A A | | |
| | ontract) | v/service con | Portable (v | □ None | de minimo de després de 144 de minimo de marco de minimo | No Basement | lsiness on | Run a Business on | ı |
| 点 A | Sanitary (Exists) Specify Type: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | xists) Speci | Sanitary (E | 3 | | 2-Story | on | Conversion | 15,000 [|
| 1 | Specify Type: | itary Specit | ☐ (New) Sanitary | | $I \wedge I$ | | Addition/Alteration | XAddition (| љ (|
| □ City | | 'City | ☐ Municipal/City | □ 1 | ☐ Seasonal | ☐ 1-Story | New Construction | ☐ New Cor | To the Control of the |
| Water | rpe of ary System roperty? | What Type of Sewer/Sanitary System Is on the property? | Sew Is | of bedrooms | Use | # of Stories and/or basement | Project (What are you applying for) | Pro (What are you | of Completion * include donated time & |
| | | | | | | | | | Value at Time |
| | | | | | | | | | Nen-Shoreland |
| □ Yes | ∀ Yes | reline : feet | Distance Structure is from Shoreline : | Distance Struc | Pond or Flowage If yescontinue — | ☐ Is Property/Land within 1000 feet of Lake, P | ty/Land with | ☐ Is Prope | 7 Silot etaile |
| Are Wetlands Present? | Is Property in Floodplain Zone? | <u> </u> | Distance Structure is from Shoreline : | Distance Struc | If yes—continue— | Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? | ty/Land with andward side | Creek or La | C succession. |
| 0 | 1 | | | | LOS TO THE PARTY OF THE PARTY O | N, Range KOS W | 126 | , Township | Section L |
| | | 24 | - | | | > | \ | 1/4 | SW 1/4, _ |
| | Autor Control of Contr | ⊼ ` | Block(s) No. | Lot(s) No | _ \ \frac{\fin}{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f | Gov't Lot Lot(s) | _ | | 3 |
| e. Property Ownership) Page(s) 738 | Document: (i.e. Prope | Recorded I | 0000-10000 | 242 | PIN: (23 digits) 04- 0 26-2-46-05 | (Use Tax Statement) PIN 04- | | Legal Description: | PROJECT |
| Attached Yes X No | Attached | State/Elb). | egent Maning Wanters | Sent Mann 8 was | Agent Flories | Signing Application on benefit of Owner(s)) | מונים נוסנו סנו משווים מונים נוסנו סנו משווים | , Penson Sening Ap | Authorized Agent: (F |
| hone: | Plumber Phone: | (State /7in): | Topo (include City) | Plumber: | one: | <u> </u> | | | |
| 746-2057 | 746 | | | | | | | | Address of Property: |
| SPSINAY ON | 373-614 | SYN | ASH (MA) | URANESED F | (63700 URA) | 2 7/19 mg | | LINDER | Owner's Name: |
| 王 | □ B.O.A. □ OTHER | JAL USE | | CONDITIONAL USE | □ PRIVY | □ SANI | ► 🕦 LAND USE | QUESTED- | TYPE OF PERMIT REQUESTED |
| i.org/zoning/asp) | HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) | risit our websi | HIS APPLICATION (v | W DO I FILL OUT TH | | Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. | ALL PERMITS H. | to: Bayfield Co | Checks are made payable DO NOT START CONSTRU |
| | | auna. | , ne | Conling Dept. | Tien Co. | s are paid. | ed until all fees | ifts will be issu | INSTRUCTIONS: No perm |

Rec'd for Issuance /

3700 VITAMES

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los

Attach
Copy of Tax StatementV
ently purchased the property send your Recorded Deed

y this application)

Ig on behalf of the owner(s) a letter of authorization

Authorized Agent:

| Issuance Information (County Use Only) | Sanitary Number: | | # of bedrooms: | Sanitary Date: | |
|--|---------------------------|---|---|--|------------------------|
| Permit Denied (Date): | Reason for Denial: | | | | |
| Permit#:10-0388 | Permit Date: 10-1 | 0-1-10 | | | |
| Is Parcel a Sub-Standard Lot Sparcel in Common Ownership Sparcel in Common Ownership Sparcel in Conforming Yes (Fused/Contiguous Lot(s)) | ous Lot(s) X.No | Mitigation Required ☐ Yes Mitigation Attached ☐ Yes | □ Yes XNo | Affidavit Required Affidavit Attached | ⊡Yes 27No ⊡Yes AZNo |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) ☐ Yes X No | Variance (B.O.A.) Case #: | e # | |
| Was Parcel Legally Created ✓ Yes □ No Was Proposed Building Site Delineated ✓ Yes □ No | | Were Property Line | Were Property Lines Represented by Owner Was Property Surveyed | ∞ZYes | □ No |
| Inspection Record: Muts all setherche. | | | | Zoning District (A -Lakes Classification ($oldsymbol{\mathcal{J}}$ | - (AL) |
| Date of Inspection: 4-28-12 | Inspected by: //// Fudded | Furtala | | Date of Re-Inspection: | tion: |
| Condition(s):Town, Committee or Board Conditions Attached? | | \Box Yes \Box No \dashv (If \underline{No} they need to be attached.) | hed.) | | |
| Signature of Inspector IMModae I due | total | | | Date of Approval | /-/a |
| Hold For Sanitary: 🗌 Hold For TBA: 🗎 | Hold For Affidavit: | | Hold For Fees: | | |