

125.00

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

RECEIVED
JUN 10 2009
Bayfield Co. Zoning Dept.

Application No. 09-0220
Date: _____
Zoning District F-2
Amount Paid: 125 4/15/09 duk

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 SW 1/4 of NE 1/4 of Section 29 Township 47 North, Range 07 West, Town of Keystone

Gov't Lot _____ of Block _____ Subdivision _____ CSM # _____ Acreage 3.20

Volume _____ Page _____ of Deeds Parcel I.D. 04-028-2-47-07-29-1-01-000-10000

Property Owner USA / Chequamegon Tele Contractor Goodman (Phone) _____

Address of Property 65625 Forest Rd 223 Plumber NA

Mason, WI 54856 Authorized Agent R. Shane Begley (Phone) 715-86-9676

Telephone _____ (Home) 798-3303 (Work) _____ Written Authorization Attached: Yes No

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

Structure: New _____ Addition _____ Existing _____

Fair Market Value \$ 7,000 Square Footage _____

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) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) R. S. Begley Date 6-9-09

Address to send permit 1414 S. Country Cir Gordon WI 54838 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: 6/18/09 Permit Number 09-0220 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: AT&T is proposing to install (6) six antennas on an existing telecommunication tower owned by Chequamegon Communications. area is leased from U.S. Forest Service By Travis Telewisky Date of inspection 6/16/2009

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

Condition: _____

Signed Travis Telewisky Date of Approval 6/16/2009
Inspector _____

need for issuance

