

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

RECEIVED  
SEP 01 2009  
Bayfield Co. Zoning Dept.

Application No.: 09-0395

Date:

Zoning District AG-1

Amount Paid: 75 9/1/09 mg

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 SW 1/4 of Section 28 Township 47 North, Range 6 West, Town of Keystone of the NW 1/4

Gov't Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 10

Volume 984 Page 477 of Deeds Parcel I.D. 04-028-2-47-06-28-2-03-000-30000

Property Owner Alvin J. and Sandra J. GREENE Contractor My Self (Phone) 715-746-2795

Address of Property 21080 Kallgren Rd. Plumber \_\_\_\_\_

Mason, wi. 54856 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-746-2795 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_

Fair Market Value 8,000 Square Footage 768

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) Storage Building

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Owner or Authorized Agent (Signature) Alvin Greene Date 08-31-09

Address to send permit same as above ATTACH \_\_\_\_\_

\* See Notice on Back Copy of Tax Statement of \_\_\_\_\_

APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 09/03/09 Permit Number 09-0395 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Met's code requirements per owner's representation. Owner present @ time of inspection measured to North & East By Travis Tulewiczky Date of inspection 9/03/2009 property lines, property has been surveyed.

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

Condition: No human habitation.

Signed Travis Tulewiczky Inspector Date of Approval 9/03/2009

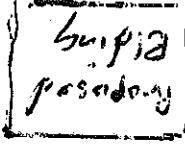
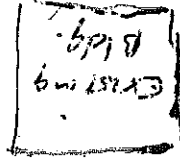
Flagged by survey

640



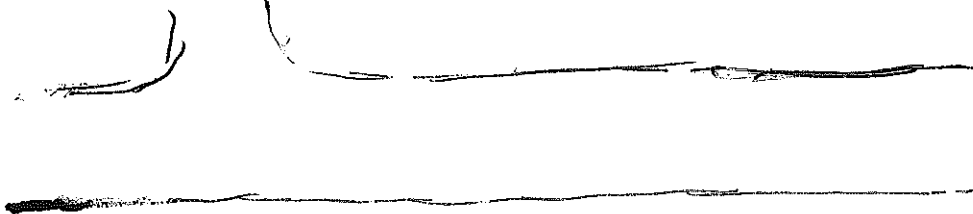
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FORMER

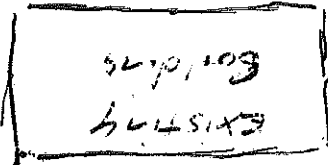
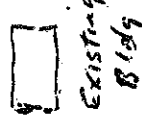
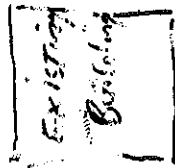


175'

150'  
150'



24 X 32  
Post + Frame



0800E.

Kallgren Rd

Kallgren Rd

Survey  
Corner

Proposed Bldg.

24 X 32 Post + Frame