

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 22 2009

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.

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

Use Tax Statement for Legal Description

Legal Description SE 1/4 of AENEW 1/4 of Section 28 Township 47 North, Range 6 West, Town of Keyston,

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 4/0

Volume 806 Page 492 of Deeds Parcel I.D. 028-1022-09-000/04-028-2-47-06-28-204-000-1000

Property Owner GRAND T. ROSS & DIANA BIRN

Address of Property 21322 KELLIGAN RD

MUNSON WI 54856

Telephone 715 746 2710 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No **IF YES.**

Structure: New Addition _____ Existing _____

Fair Market Value 43,284.00 Square Footage 1,120

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) 28' x 40' GARAGE

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (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) Grand T. Ross Diana Birn Date 9-22-09

Address to send permit 21370 KELLIGAN RD MUNSON WI 54856

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9/30/09 Permit Number 09-0450 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Proposed structure stated & East property line marked. Approx. 3 buried septic pipes by Travis Telusky Date of inspection 9/29/2009. Vehicles are currently being stored on the property, according to owner they will be stored inside new pole building.

Mitigation Plan Required: Yes No

Condition: No human habitation.

Signed Travis Telusky Inspector

Date of Approval 9/29/2009

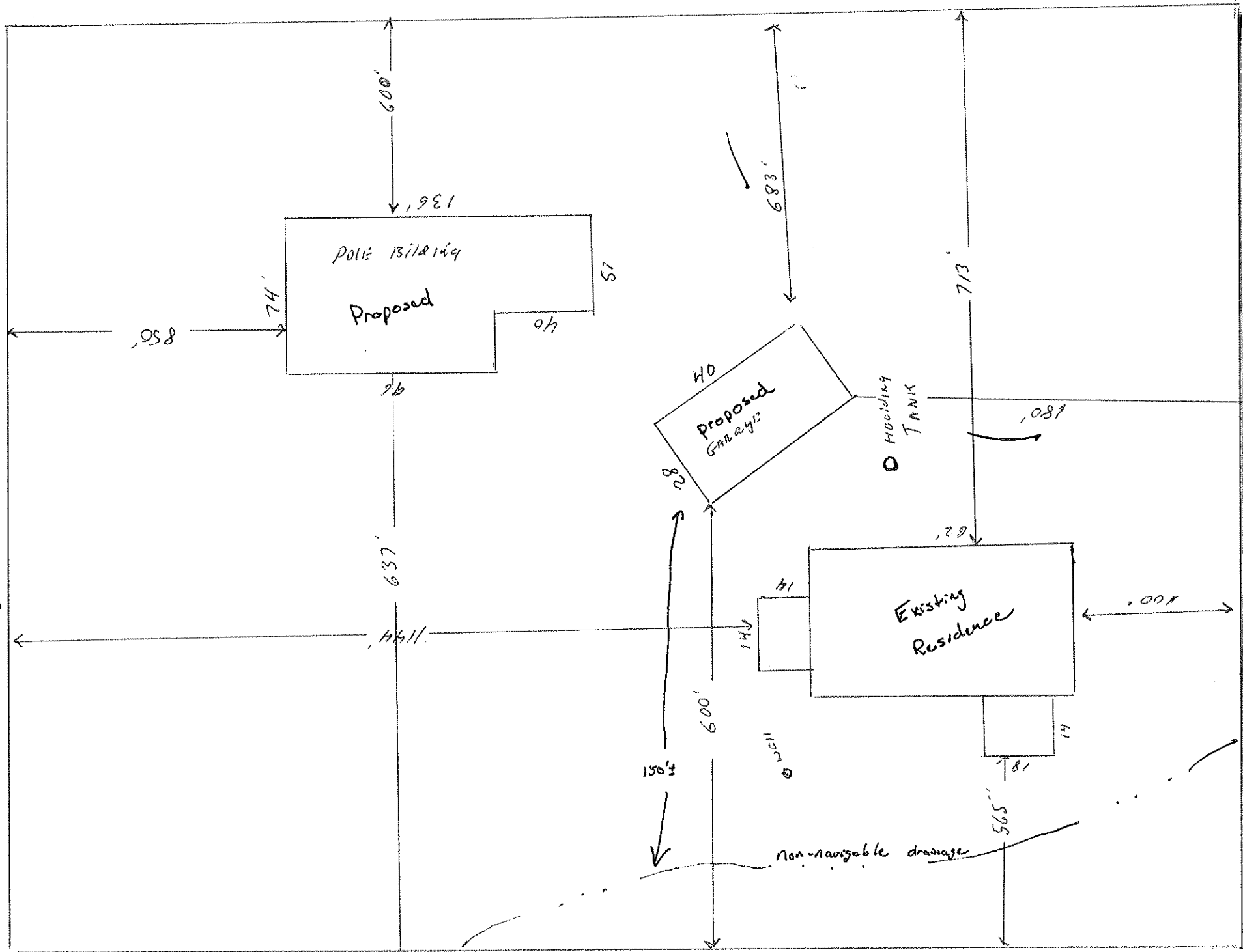
Rec'd for Issuance

43 x 3.00 = \$129.00

Application No.: 09-0450
 Date: _____
 Zoning District AG-1
 Amount Paid: \$129 9/24/09
mg



Norden Rd.



Kullgren Rd