

71 x 3.00 = \$ 213.00

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.

Application No.: 09-045 ENTERED Date: Zoning District A6-1 Amount Paid: \$213 9/24/09 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 [X] SANITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [] B.O.A. [] OTHER []

Use Tax Statement for Legal Description

Legal Description SE 1/4 of NE 1/4 of Section 28 Township 47 North, Range 6 West, Town of Keys Tone

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 806 Page 492 of Deeds Parcel I.D. 028-1022-09-000/04-028-2-47-06-28-2 09-000-10000

Property Owner Gerald & Diana Beck Contracted by DANIEL CONSTRUCTION (Phone) 779 9912

Address of Property 21370 Kellgoen Rd Plumber _____

MASON WI 54856 Authorized Agent _____ (Phone) _____

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

is your structure in a Shoreland Zone? Yes [] No [X] If yes, Distance from Shoreline: greater than 75' [] 75' to 40' [] less than 40' []

Structure: New [X] Addition _____ Existing _____ Basement: Yes _____ No [X] Number of Stories 1

Fair Market Value 71,406.00 Square Footage 9144 Sanitary: New _____ Existing [X] Privy _____ City _____

USE: Type of Septic/Sanitary System Holding Tank

[] * Residence or Principal Structure (# of bedrooms) _____ [] Mobile Home (manufactured date) _____

Residence sq. ft. _____ [] Commercial Principal Building _____ (Phone) _____

[] * Residence w/deck-porch (# of bedrooms) _____ [] Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ [] Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ [] Commercial Accessory Building Addition (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) _____

[X] Residential Accessory Building (explain) 46x74-40x51 [] External Improvements to Principal Building (explain) _____

[] Residential Accessory Building Addition (explain) POLE Bldg. [] External Improvements to Accessory Building (explain) _____

[] Residential Other (explain) _____ [] External Improvements to Accessory Building (explain) _____

Owner or Authorized Agent (Signature) Gerald Beck Date 9-22-2009

Address to send permit 21370 Kellgoen Rd Mason WI 54856 ATTACH

* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 9/30/09 Permit Number 09-0451 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Proposed structure was staked & East property line marked. Site was already cleared & graded.

Approx 8 unlicensed/improvised vehicles are stored on the property, according to owner vehicles will be stored in new building

Mitigation Plan Required: Yes [] No [X] Variance (B.O.A.) # once completed

Condition: No human habitation.

Signed Maria Fildusky 9/29/2009 Date of Approval

Inspector Rec'd for Issuance

SEP 30 2009

Secretarial Staff

