

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

APR 19 2010

Application No.: 10-0088  
 Date: \_\_\_\_\_  
 Zoning District F1  
 Amount Paid: \$125.00  
4/19/10 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 NW 1/4 of SW 1/4 of Section 33 Township 47 North, Range 6 West, Town of Keystone

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Acreage 40

Volume P33 Page 312 of Deeds Parcel I.D. 04-028-2-47-06-33-3 02-000-10000

Property Owner Randy & Karen Hudson

Contractor Cleary Building Corp.

(Phone) 715-458-2233

Address of Property Payton Road

Plumber \_\_\_\_\_

Mason, WI 54856

Authorized Agent [Signature] (Phone) [Number]

Telephone 715-292-3915 (Home) 715-682-7957 (Work)

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

Written Authorization Attached: Yes  No

Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New  Addition  Existing

Basement: Yes \_\_\_\_\_ No 1 Number of Stories 1

Fair Market Value 13,500 Square Footage 1440

Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  Residence of (Principal Structure (# of bedrooms) Pole Building)

Type of Septic/Sanitary System No POTS

Residence sq. ft. \_\_\_\_\_

Mobile Home (manufactured date) \_\_\_\_\_

Residence w/deck-porch (# of bedrooms) \_\_\_\_\_

Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_

Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_

Commercial Accessory Building (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

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

Residential Addition / Alteration (explain) \_\_\_\_\_

Commercial Other (explain) \_\_\_\_\_

Residential Accessory Building (explain) Pole Building

Special/Conditional Use (explain) \_\_\_\_\_

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

External Improvements to Principal Building (explain) \_\_\_\_\_

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

External Improvements to Accessory Building (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) [Signature] Date 4-18-2010

Address to send permit P.O. Box 475, Ashland, WI 54806

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 4-23-10

Permit Number 10-0088 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Meets code, requirements per owner's representation. Proposed Structure well sited.

By Travis Talowitky Date of Inspection 4/23/2010

Mitigation Plan Required: Yes  No

Variance (B.O.A.) # \_\_\_\_\_

Condition: No hammer hickories

Signed \_\_\_\_\_

Date of Approval 4/22/2010

Inspector \_\_\_\_\_

Rec'd for Issuance

APR 23 2010

Secretarial Staff