

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6158

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 JUL 15 2008
 Bayfields Co. Zoning Dept.

ENTERED
 Application No: 08-0332
 Date: _____
 Zoning District: A6-1
 Amount Paid: \$75.00 EOS
7/16/08

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 _____
 Legal Description SE 1/4 of SW 1/4 of Section 10 Township 46 North, Range 6 West, Town of MASON
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 30
 Volume _____ Page _____ of Deeds _____ Parcel I.D. # 032-1019-09-000 Use Tax Statement for Legal Description _____
 Property Owner LD & M. PETERSON Contractor self (Phone) _____
 Address of Property 22390 City Hwy E Plumber _____
MASON WI 54856 Authorized Agent _____ (Phone) _____
 Telephone 715-746-2209 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition Existing _____
 Estimated Cost of Construction \$6,000 Square Footage 822 Sanitary: New _____ Existing Privy _____ City _____
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) garage / breezeway
- 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) William Peterson Date 7-14-08

Address to send permit 22390 City Hwy E MASON WI 54856 Copy of Tax Statement
 * See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number 06-2098 Date 10/04/2006
 Date 7-16-08 Permit Number 08-0332 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets code requirements per owner's representation. Proposed add-on was well staked and property owner present at time of inspection verified property lines. Old Mobile Home has been removed from property #07-00117.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____
 Signed Tim Tubowitzky Date of Approval 07/15/2008
 Inspector _____ Rec'd for issuance

