

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
 JAN 14 2009
 Bayfield Co. Zoning Dept.

Application No: 09-0019
 Date: _____
 Zoning District: F-1/Class 3
 Amount Paid: \$75 1/14/09/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 N1/4 SW 1/4 of Section 36 Township 46 North, Range 10 West, Town of MASON
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 11
 Volume 948 Page 346 of Deeds Parcel I.D. 032-1070-10
 Property Owner Thomas G. and Sandra L. Hanson Contractor 4C Const. (Phone) 765-4788
 Address of Property 58410 Ribon Rd Plumber _____

Telephone 765-4360 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing _____
 Fair Market Value \$25,000 Square Footage 328
 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. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) Deck
 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) Thomas G. Hanson Date 1/13/09

Address to send permit 58410 Ribon Rd, Mason, WI 54856 ATTACH _____
 * See Notice on Back Copy of Tax Statement or _____
 APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number 06-0718 Date 5/31/2006
 Date 1/23/09 Permit Number 09-0019 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets code requirements per owner's representation measured to white river from two(2) different locations on structure; both 700' By Travis Tulawitzky 1/22/2009 From River.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Travis Tulawitzky 1/22/2009 Date of Approval
 Inspector _____
 Rec'd for Issuance

