

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
AUG 4 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0326
Date: _____
Zoning District: AG-1/Class 3
Amount Paid: 75 B/S/09 *my*

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 N¹/₂E 1/4 of SE 1/4 of Section 13 Township 46 North, Range 6 West, Town of MASON
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.75

Volume 157 Page 619 of Deeds Parcel I.D. 04-032-2-46-06-13-4 01-000-2000

Property Owner Clayton L. & Kay M Tuttle Contractor Self (Phone) _____

Address of Property 61485 US Hwy 63 Plumber _____
Mason WI 54856 Authorized Agent _____ (Phone) _____

City Mason Telephone 765-4200 (Home) 765-4414 (Work) _____
Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No if yes. Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New _____ Addition Existing _____ Basement: Yes _____ No Number of Stories _____
Fair Market Value \$ 1000.00 Square Footage 384 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. _____

* Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____ Deck(2) sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) lean to on garage

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) Clayton Tuttle Date 7/25/09

Address to send permit 61485 US Hwy 63, MASON, WI 54856 ATTACH _____
Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 8/10/09 Permit Number 09-0326 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representative. Property is a subdivided lot. Flood by common ownership to adjoining parcel to south & west. Recorded May 11, 1953
By Travis Telavitzky Date of Inspection 8/08/2009

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed Travis Telavitzky Date of Approval 8/10/2009
Inspector Travis Telavitzky
Rec'd for Issuance

AUG 10 2009

Secretarial Staff

17