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Received

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

OCT 08 2010

Application No.: 10-0421  
Date: \_\_\_\_\_  
Zoning District: A-1 Class 3  
Amount Paid: \$15,101.51

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: SE 1/4 of NE 1/4 of Section 22, Township 46 North, Range 6 West, Town of Mason  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Volume 562 Page 2 of Deeds Parcel I.D. 04-032-2-46-06-22-1 Acreage 38.84

Property Owner: Arthur E. Mertig  
Address of Property: 22860 Faith Church Rd, Mason WI 54856  
Contractor: Granger Builders (Phone) \_\_\_\_\_  
Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_  
Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone: 715-765-4589 (Home) 715-685-5550 (Work) 413-0182  
Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
Structure: New  Addition  Existing   
Fair Market Value: 104,000 Square Footage: 4448  
USE: 12,000 32x2x2 = 128  
 \* 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. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) Extending Fences  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) \_\_\_\_\_  
 External Improvements to Principal Building (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 ordinance to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature): Arthur E. Mertig Date: 10/18/10  
Address to send permit: same as above ATTACH  
Copy of Tax Statement or  Attach a Copy of Recorded Deed

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date: 10/15/10 Permit Number: 10-0421 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Structure is existing.  
By: M. Fustak Date of Inspection: 10-12-10  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: No increase in structures footprint.  
Signed: Michael Fustak Date of Approval: 10-13-10  
Inspector: \_\_\_\_\_ Rec'd for Issuance: \_\_\_\_\_  
OCT 15 2010 Secretarial Staff

# Flex Viewer

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