

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

\$125

Application No: 10-0066  
Date: \_\_\_\_\_  
Zoning District: RRB  
Amount Paid: \$125 4/7/10 mg

RECEIVED  
APR 05, 2010  
Bayfield Co. Zoning Dept.

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 NE 1/4 of NE 1/4 of Section 23 Township 43 North, Range 6 West, Town of Namanakagon  
Gov't Lot 1 Block 1 Subdivision \_\_\_\_\_ Parcel I.D. 04-034-2-43-06-23-1-01-000-21000/22,000  
Volume 10 Page 55-56 of Deeds \_\_\_\_\_ CSM # 1685 Acreage 1.83

Property Owner Shawn Bird Contractor SPK  
Address of Property Cable 1, WI 54821 Plumber \_\_\_\_\_  
Telephone 715-781-0653 (Home) \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
Is your structure in a Shoreland Zone?  Yes  No  If yes, \_\_\_\_\_ (Work) \_\_\_\_\_

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
Fair Market Value \$25,000 Square Footage 1280  
USE: 16x80  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) 3 16x80 4M.  
Residence sq. ft. \_\_\_\_\_ Porch 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) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  
FAILURE TO OBTAIN A PERMIT OF 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 3-29-10  
Address to send permit 1008 192nd Ave New Richmond WI 54017 Copy of Tax Statement or  ATTACH  
Attach a Copy of Recorded Deed

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

Permit Issued: \_\_\_\_\_ State Sanitary Number 09-1635 Date 11-20-09  
Date 4/7/10 Permit Number 10-0066 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Well Staked Meets all methods Property line per Owners representations By M. Funtak Date of Inspection 4-1-10  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
Signed Michael Funtak Inspector \_\_\_\_\_ Date of Approval 4-5-10  
Rec'd for Issuance

