

Class A

\$175

ENTERED

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 20 2011
 BY: _____

Application No.: 11-0020
 Date: _____
 Zoning District: B-1, Class 1
 Amount Paid: \$175 1/24/11
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: _____ 1/4 of _____ 1/4 of Section 13 Township 43 North, Range 6 West, Town of Namokagon

Gov't Lot 2 Block _____ Subdivision V8, P. 59 Acreage .895

Volume 972 Page 682 of Deeds Parcel I.D. 04-034-2-43-06-13-2 00-175-50000

Property Owner Paul Didzerekis Trust Contractor _____ (Phone) _____

Address of Property 43650 Duck Pt. Rd. Plumber _____

Cable, WI 54821 Authorized Agent Mike Best (Phone) 558-4014

Telephone 605-0505 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing Square Footage _____

Fair Market Value _____ Sanitary: New _____ Existing City _____

USE: Type of Septic/Sanitary System Conv w/ pre-treatment

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ * Special/Conditional Use (explain) Short Term Rental

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) [Signature] Date 1-18-11

Address to send permit PO Box 802 Hayward WI 54893 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 425292 Date 8/19/04

Date 2/10/11 Permit Number 11-0020 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is operating Date of Inspection 1-27-11

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

Condition: See TBA

Signed Michael Gutsch Inspector 1-28-11 Date of Approval _____

