

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
 MAR 31 2008
 Bayfield Co. Zoning Dept.

ENTERED
 Application No.: 08-0071
 Date: _____
 Zoning District: A-1/-
 Amount Paid: \$75.00 PDS
3/31/08

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 _____
 Legal Description S20NE 1/4 of SE 1/4 of Section 20 Township 49N North, Range 08 West, Town of Oriens
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 31
 Volume 944 Page 256 of Deeds Parcel I.D. # 636-003-07 Use Tax Statement for Legal Description _____
 Property Owner Robt and Lissa Chaplin Contractor Northland Bldgs. (Phone) 1-800-511-9055 or 1-800-877-3506
 Address of Property 78365 Co. Hwy A Plumber N/A
Iren River, WI 54847 Authorized Agent _____ (Phone) _____
 Telephone 715-774-3257 (Home) Same (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 1
 Estimated Cost of Construction \$23,000 Square Footage 2376 Sanitary: New None Existing City _____
USE: (incl. work on inside)

- * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
- Deck 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) New Pole Bldg to replace down
- Residential Accessory Building Addition (explain) old one being torn down External Improvements to Principal Building (explain) _____
- Residential Other (explain) _____ External Improvements to Accessory Building (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) Lisa C. Chaplin Date 3/26/08
 Address to send permit 78365 Co. Hwy A, Iren River, WI 54847 Copy of Tax Statement ATTACH

* See Notice on Back **APPLICANT - PLEASE COMPLETE REVERSE SIDE** If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 4/4/08 Permit Number 08-0071 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT - DU PERMIT MAY BE BY DOL Date of Inspection 4-1-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: STRUCTURE MUST BE AT LEAST 30 FEET FROM THE LIGHT-OF-WAY FOR CHA.
 Signed [Signature] Inspector REC'd for Issuance Date of Approval APR 1 2008
 Secretary Staff

