

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

JUN 30 2010

Application No.: 10-0434
 Date: _____
 Zoning District: _____
 Amount Paid: \$75.00 B.O.S
7/8/10

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 N 1/2 SW 1/4 of NW 1/4 of Section 14 Township 49 North, Range 09 West, Town of Orienta
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20 acres
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-036-2-49-09-14-2 03-000-10000

Property Owner Clancy Ward + Sarah York Contractor _____ (Phone) _____
 Address of Property 79685 Severson Rd Plumber _____
Port Wing, WI 54865 Authorized Agent _____ (Phone) _____

Telephone (715) 774-3738 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing _____
 Fair Market Value _____ Square Footage _____
 Basement: Yes _____ No _____ Existing _____ Privy _____ City _____
 Sanitary: New _____ Existing _____

- USE:**
- * 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) _____
 - 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) class B for electric generating windmill (non-commercial)
 - 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 ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Sarah York Date 19 May 2010

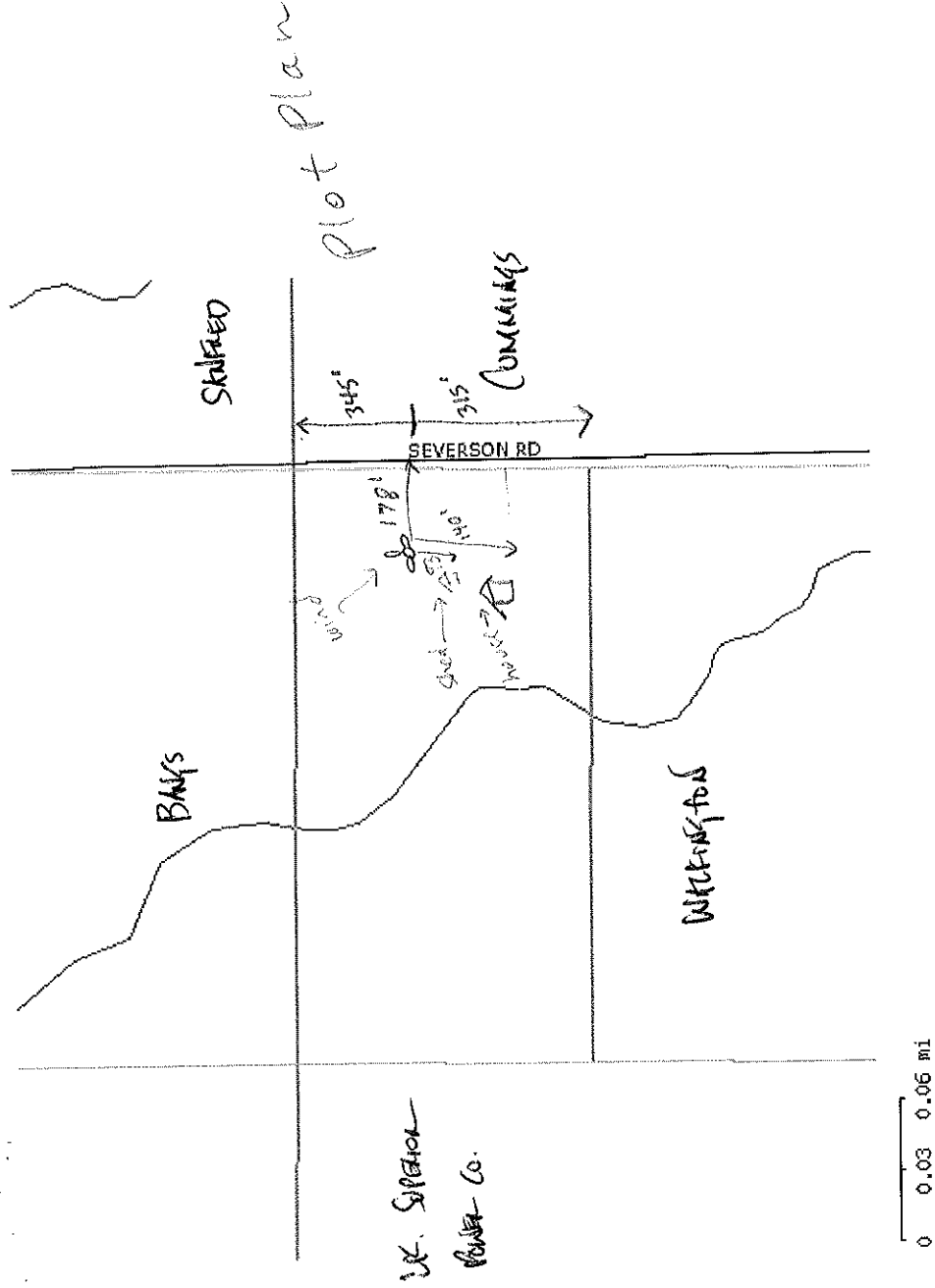
Address to send permit 79685 Severson Rd, Port Wing, WI 54865 ATTACH _____
 Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 10/22/10 Permit Number 10-0434 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: PROPOSED LOCATION OF PRIVATE WINDMILL MEETS ALL STATE REQUIREMENTS IT IS NOT IN A SHORELAND EXIST ANY FE By DDC Date of Inspection 7-12-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector _____ Date of Approval 10-11-10
 Rec'd for Issuance [Stamp]

Secretarial Staff



Selected point is located in the Iron River watershed within the Town of Orienta and is found on the *Blaine Creek* USGS 7.5' quadrangle. It is zoned F1 (Forestry-1). This district is to provide continuation for forestry programs and to permit compatible recreational development. Permanent residences in this district shall require Town Board approval. This location is within the South Shore School District and is in Supervisory District 3.1 is served by the South Shore Ambulance District and the Port Wing Fire Department (715-373-6120).

Query Results

Parcel Owner	Legal Description
CLANCY M WARD 79685 SEVERSON RD PORT WING WI 54865	N1/2 SW NW IN V.958 P.478 IM 2003R-482748
Location	History
Section 14, Town 49 N, Range 09 W	2006R-510561;859-153
New PIN	Old PIN
04-036-2-49-09-14-2 03-000-10000	036105602990
Land Value	Improvement Value
27900.00000	20000.00000
	19.82500
Parcel Owner	Legal Description

