

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
 MAY 23 2011

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.

Application No.: 11-0163
 Date: 6-13-11
 Zoning District: RRB/CRD1
 Amount Paid: \$125.00 EOS
5/24/11

ENTERED

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 35 Township 50 North, Range 9 West, Town of ORIENTA
 Gov't Lot _____ Lot 2 Block _____ Subdivision _____ CSM # 1099 Acreage 1.444

Volume _____ Page _____ of Deeds Parcel ID 04.036-2.50.09.35.1-05-002.2000

Property Owner CHARIE HENDER, DETA HENDER Contractor SEK (Phone 851.439.4405)
CHARIE HENDER, DOMING HENDER

Address of Property St. Anthony 13 Plumber Tony Pollock, City Council
1st wing, WI 54865 Authorized Agent Tack Bender (Phone 851.439.4405)

Telephone 851.439.4405 (Home) _____ (Work) _____

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 1 Addition _____ Existing _____ Basement: Yes No Number of Stories 1 1/2

Fair Market Value 209000 Square Footage 382 Sanitary: New _____ Existing _____ Privy _____ City _____

USE: 15,000 Type of Septic/Sanitary System holding tank

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) 1 Commercial Principal Building Addition (explain) _____

Residence sq. ft. 382 Porch sq. ft. 161 sq ft Commercial Accessory Building (explain) _____

Deck sq. ft. 150 Deck(2) sq. ft. 81 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) 2-ton structure

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) 15 foot turntable

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

Residential Other (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) [Signature] Date 5/20/2011

Address to send permit 6323 St. Louis Tr, Stillwater, MN ATTACH _____

* See Notice on Back Copy of Tax Statement or _____ (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: 11 State Sanitary Number 11-325 Date 6.2.11

Date 6-13-11 Permit Number 11-0163 Permit Denied (Date) _____

Reason for Denial: not city

Inspection Record: Structure set back/obstructs to restituted by city - means to the case

Amount paid permit may be By DDC Date of Inspection 6-20/11

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

Condition: A children already code (city) permit from the factory obstructed use inspections

not be obstructed now to the start of construction

Department 12 Signed [Signature] Date of Approval 6-20/11

Inspector _____

All VIL numbers identified and listed

