

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 16 2011  
 Bayfield Co. Zoning Dept.

Application No: 11-0217  
 Date: 7-11-11  
 Zoning District: F-1  
 Amount Paid: 6/16/11 \$75.00  
205

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 SE 1/4 of NE 1/4 of Section 10 Township 49 North, Range 9 West Town of Oriwinds  
 of 5 1/2 SE Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 3.01

Volume 372 Page 124 of Deeds Parcel I.D. 04 036 2 49091610460620000  
 Property Owner JAMES BAILEY Contractor SELF (Phone) \_\_\_\_\_  
 Address of Property Port Wing, Wisc 54865 Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone 715-774-3796 (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  Addition  Existing   
 Basement: Yes  No  Number of Stories 1  
 Fair Market Value \$1,000.00 Square Footage 244'  
 Sanitary: New  Existing  Privy  City \_\_\_\_\_  
 Type of Septic/Sanitary System H T

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) Deck Add. 4'er  
 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) \_\_\_\_\_  
 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) JAMES BAILEY Date June 16, 2011  
 Address to send permit \_\_\_\_\_

\* See Notice on Back  
 APPLICANT — PLEASE COMPLETE REVERSE SIDE  
 Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number 09-1335 Date 10-7-09  
 Date 7-11-11 Permit Number 11-0217 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Inspection Satisfactory/Conditions as requested by applicant Approved by the crew  
Comments to be Retain may be issued By DLC Date of Inspection 6/27/11  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_

Rec'd for Issuance 6/27/11 Signed [Signature] Inspection Rec'd for Issuance 6/27/11  
2011 JUN -28 2011 6/27/11 JUL 11 2011  
 Secretarial Staff [Signature] Secretarial Staff



