

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 573-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
AUG 30 2011

Application No.: 110305  
Date: 9/1/11  
Zoning District: A-1  
Amount Paid: \$75  
9/1/11

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.

Bayfield Co. Zoning Dept.

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description N1/4 of S1/4 of Section 33 Township 44 North, Range 8 West Town of Quilley

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 40 4-

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. 09-034-2-49-06-33-3 02-000-10000

Property Owner ADSP CROSS Contractor SAF (Phone) \_\_\_\_\_

Address of Property 76250 CTR A Road West WI 54891 Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (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

Fair Market Value 2000000 Square Footage 414 (20x110) Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  Residential or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System A.F.

Residence sq. ft. \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) CHANGE  External Improvements to Principal Building (explain) \_\_\_\_\_

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 08/30/2011

Address to send permit PO Box 840 Iron River WI 54847 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: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 9/1/11 Permit Number 11-0305 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: August 2011/ADDITIONS AS REQUESTED BY OWNER APPEARS TO BE DONE CORRECTLY & NO PERMIT NEEDED By DR Date of Inspection 8-30-11

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

Condition: \_\_\_\_\_

Rec'd for Issuance

SGPT  
AUG 1 2011

Signed [Signature]  
Inspector

8-30-11  
Date of Approval

