

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  
 DECEMBER  
 JUL 12 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0247  
 Date: 8-2-11  
 Zoning District: A-1  
 Amount Paid: \$75.00 EAS  
7/20/11

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.

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

Use Tax Statement for Legal Description

Legal Description NW 1/4 of NW 1/4 of Section 26 Township 48 North, Range 9 West, Town of Oulu CSM # \_\_\_\_\_ Acreage 40

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Parcel I.D. 04-038-2-48-09-26-2 02-000-10000

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Property Owner Tony Polkoski Contractor Self (Phone) \_\_\_\_\_

Address of Property Iron River, WI 54847 Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 218-391-7085 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If Yes, \_\_\_\_\_

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_

Fair Market Value 15,000 Square Footage 1200

USE:  Residential or Principal Structure (# of bedrooms) \_\_\_\_\_

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_

\* Residence sq. ft. \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) (30x40) Pole Barn

Residential Accessory Building Addition (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 7-9-11

Address to send permit 8430 US Hwy 2 Iron River, WI 54847

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Permit Number 11-0247 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Shelton GARAGE/CONDITIONS AS REQUESTED BY OWNER ATTEND TO MEET CODE

NO PERMIT WAS ISSUED BY DOC DATE OF INSPECTION 7-19-11

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

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

Rec'd for Issuance \_\_\_\_\_ Date of Approval 7-14-11

Rec'd for Issuance NO AUG 1 2011 Inspector \_\_\_\_\_

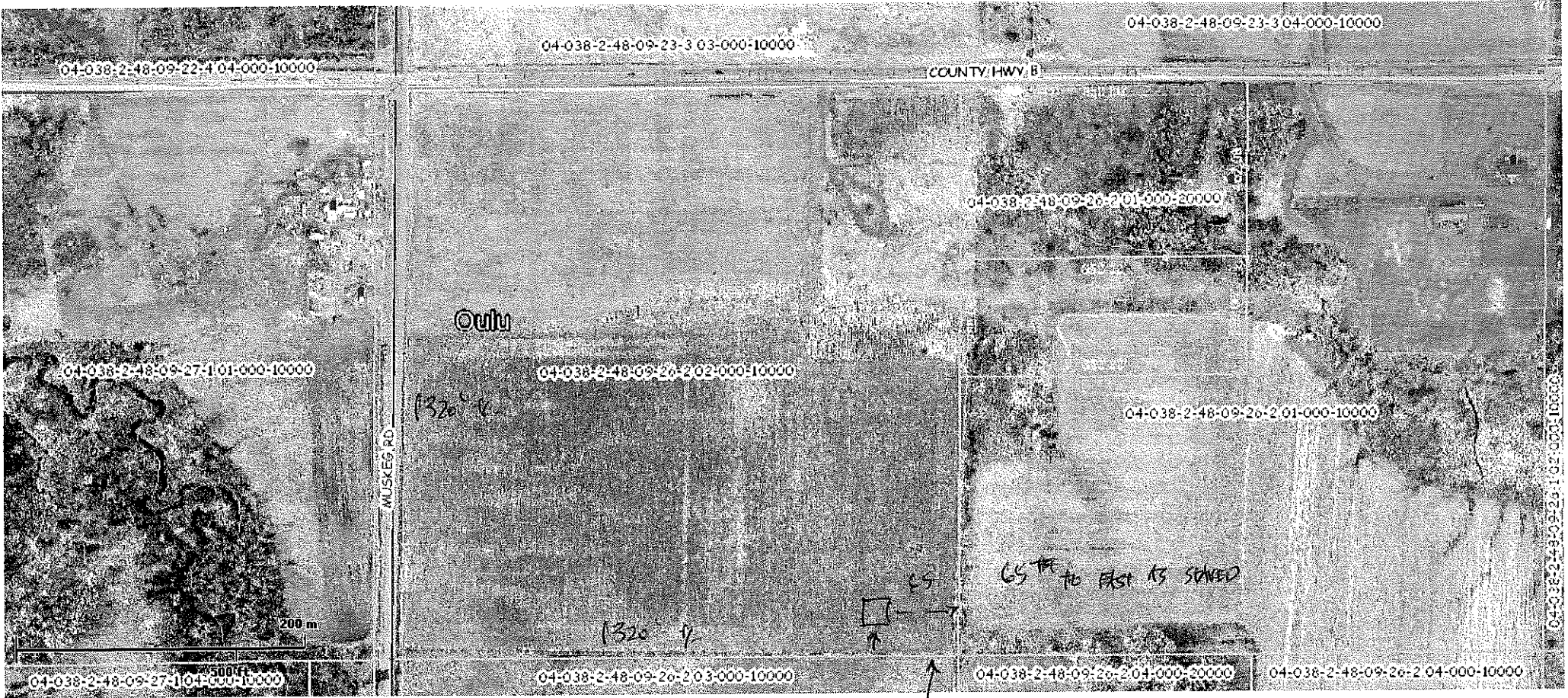
Secretary: \_\_\_\_\_ # \_\_\_\_\_

Secretarial Staff \_\_\_\_\_

SANITARY IS INVOLVED WITH APPLICANT IF NOT CONSTRUCTION REQUIRED



# Polkoski Parcel



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170°  
to  
South  
AS STAKED

65' to EAST AS STAKED

BOTH ARE'S FENCE & TREE MARKS  
ANGLES NOT MOWED AT INSPECTION