

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
 APR 29 2011
 Bayfield Co. Zoning Dept

Application No: 11-0691
 Date: 5-10-11
 Zoning District: R-1/LAKSS 1
 Amount Paid: \$175.00 PDS
4/29/11

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 SE 1/4 of NW 1/4 of Section 22 Township 50 North, Range 8 West, Town of Port Wm
 Gov'l Lot 2 Lot _____ Block _____ Subdivision _____ Parcel I.D. CD 04-250-08-21-2 05-602-2000 CSM # _____ Acreage _____
 Volume _____ Page _____ of Deeds _____
 Property Owner Linda Hoffman Contractor _____ (Phone) _____
 Address of Property 10330 HWY 13 Plumber _____
PORT WING, WI Authorized Agent Connie Sylvester (Phone) 399-5903
 Telephone (218) 343-7935 Home (218) 349-5903 (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 X Basement: Yes X No _____ Number of Stories 1
 Fair Market Value 330K Square Footage 2500 Sanitary: New _____ Existing X Privy _____ City _____
 USE: _____
 Residence or Principal Structure (# of bedrooms) 3 Bdrm Type of Septic/Sanitary System _____
 Residence sq. ft. _____ Mobile Home (manufactured date) _____
 Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Residence w/deck-porch (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 Residence w/attached garage (# of bedrooms) 3 Bdrm
 Residence sq. ft. 2460 Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) 2nd GARAGE
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
 External Improvements to Accessory Building (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) Shed for trail
 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) _____ Date 4/25/11

Address to send permit 6301 Superior St. Duluth, MN 55804 ATTACH _____

* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE
 (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number 167955 Date 2005
 Date 5-10-11 Permit Number 11-0091 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Port Wm Shoreland lot, permit for Avenue off Street Road, Planning Authority for sale of Port Wm
Permit may be used for driveway by PDL Date of Inspection 5.3.11
 Migration Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A short-term health acknowledgment use is also required by the Bayfield Co. Health
Department. Best before the health Dept. on water treatment & regulatory requirements
the existing may be demolished & removed by July 1st Inspector Signed _____ Date of Approval 5.3.11
View/Access Condition: Excavate 30 ft in depth, further stakeable removal & disturbance

3) The existing department permit was for the area
 outside the 30 ft limit case & allowed to attorney review
 HBA Applicant Fee





0 0.02 0.04 mi

Query Results

Parcel Owner		Legal Description	
JAMES E AND LINDA L HOFFMAN 11358 ELDORADO ST NE UNIT E BLAINE MN 55449		PAR IN GOVT LOT 2 & SE NW IN V.456 P.205 LESS HWY V.525 P.22 & V.562 P.91 377F	
Location		History	
Section 22, Town 50 N, Range 08 W		409-13;456-205	
New PIN		Old PIN	
04-042-2-50-08-22-2 05-002-20000		042104809000	
Land Value	Improvement Value	Total Acres	
40000.00000	100600.00000	6.53200	