

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 09 2011

Bayfield Co. Zoning Dept.

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

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.: 11-0175
Date: 6-20-11
Zoning District: R-4
Amount Paid: \$75.00 PDS
5/9/11

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description NE 1/4 of SW 1/4 of Section 28 Township S0 North, Range 8 West, Town of Port Wings

Gov't Lot: _____ Lot: _____ Block: _____ Subdivision: _____ CSM #: _____ Acreage 3.79

Volume 1008 Page 253 of Deeds Parcel I.D. 04042250082830100006000

Property Owner: Julia A. Dyk Contractor: _____ (Phone) _____

Address of Property: 9370 Seward Road Plumber: _____

Port Wings Wisconsin Authorized Agent: _____ (Phone) _____

Telephone 715 774 3166 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____

Fair Market Value 15,000.00 Square Footage 832

USE: _____

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

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

Residence sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Deck sq. ft. _____

* Residence sq. ft. _____

Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) Pole Bldg (garage)

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

APPLICANT - PLEASE COMPLETE REVERSE SIDE

State Sanitary Number _____ Date _____

Permit Issued: Date 6-20-11 Permit Number 11-0175 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure satisfactory/condition is represented by owner reports to the code enforcer

File Review why to back By DL Date of Inspection 5/12/11

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

Condition: _____

Copy of Tax Statement or (if you recently purchased the property Attach a Copy of Recorded Deed)

ATTACH

See Notice on Back

OWNER or Authorized Agent (Signature) Julia A. Dyk Date 5.9.2011

Address to send permit Demond Diering Port Wings WI

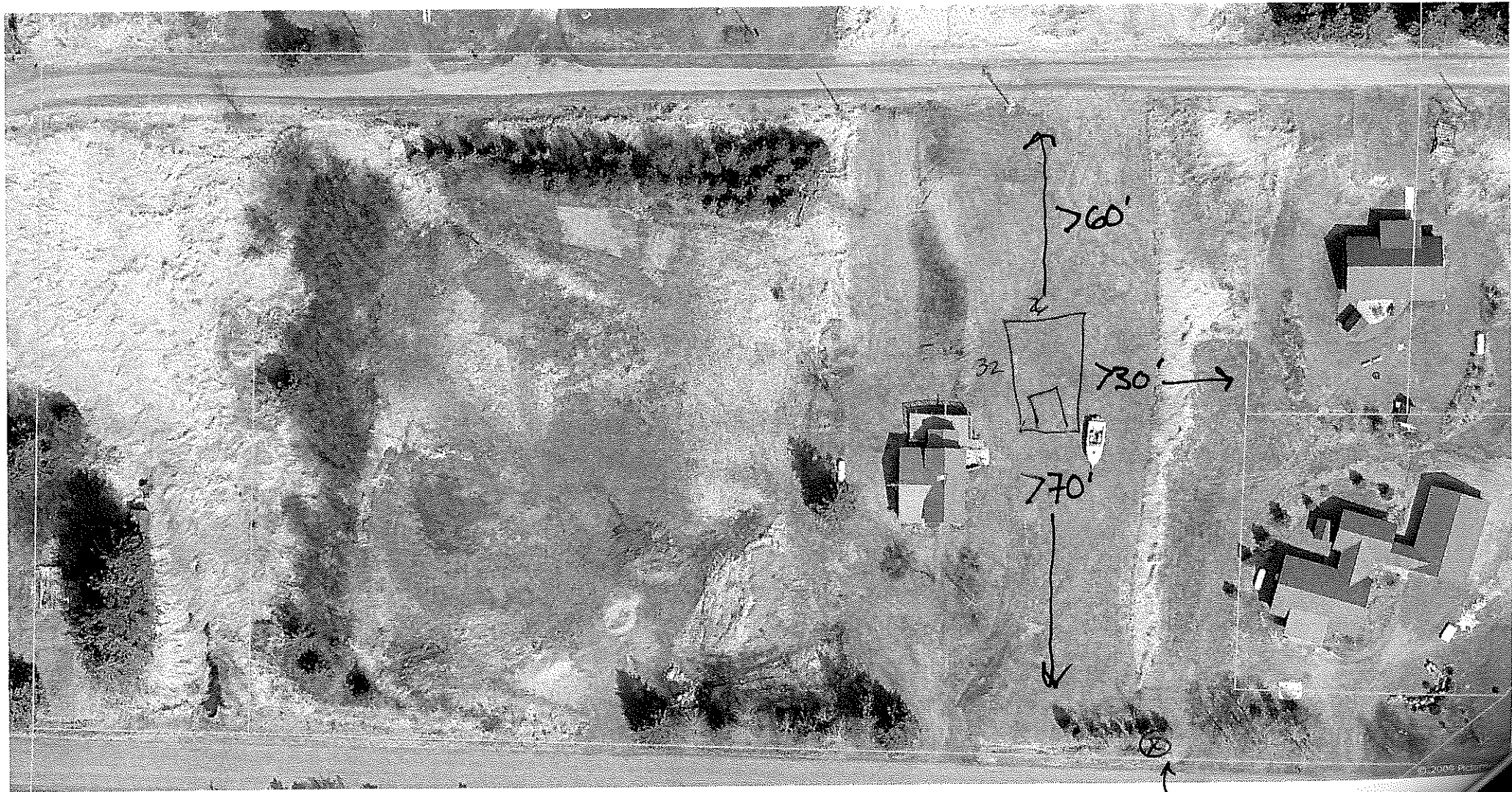
Permit Issued: _____ Date _____

Inspected by: DL Date of Approval: 5/13/11

Signed: [Signature] Inspector: JTS Date of Issuance: MAY 16 2011

Permit is valid as shown on map

Hand dimensions, zoning history, county staff



NOTED CORNER POST