

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

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

B
RECEIVED
OCT 13 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0782-0009
Date: _____
Zoning District P-PS / -
Amount Paid: \$ 540.00 ROS
10/14/09

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 1/4 of Section 31 Township 51 North, Range 3 West, Town of Russell
Gov't Lot 4 Lot _____ Block _____ Acreage _____
Volume _____ Page _____ of Deeds _____ Parcel I.D. _____

Property Owner Backyard Creek III, LLC Contractor Badin Construction (Phone) 715-992-4691
Address of Property Unit #8 - Black Spruce Trail Submittal Plumber Bob's Plumbing & Heating / Ron Davis Plumbing
Bayfield, WI 54814 Authorized Agent Susan Reache (Phone) 715-742-3326

Telephone 715-742-3326 (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____
Fair Market Value 180,000.00 Square Footage 1703
USE: * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____

Residence wideck-porch (# of bedrooms) 2 + 10ft
Residence sq. ft. 1439 Porch sq. ft. 264
Deck sq. ft. 128
 Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) Maura Klache Date 10/13/09
Address to send permit Po Box 1436, Bayfield, WI 54814

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

Permit Issued: State Sanitary Number Red Cliff S.D. Date _____
Date 10/23/09 Permit Number 09-0782 (0009) Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Submittal Setbacks/conditions as presented by owner - appears to meet the code requirements for a code book & l.u. permit Date of Inspection 10-16-09
By DL
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: A UNIFORM DRAINING CODE (UDC) PERMIT FROM THE LOCKY CONTRACTED UDC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.
NEED TO VERIFY NORTH PLU
FORWARDS LOT 6
Signed [Signature] Inspector
Date of Approval 10-16-09
Rec'd for Issuance

EXAMINE PLAT FOR III
Lot 9 South

OCT 20, 2009
Secretarial Staff