

TBA 175
L.U = ZSD
Privy = 150

23
ENTERED

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

RECEIVED

JUL 06 2010

Application No.: 10-0243
Date: _____
Zoning District: A-1 Class 3
Amount Paid: \$575
\$250 Res 7/7/10 mg
Privy attached
Class A

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 OTHER
Use Tax Statement for Legal Description
Legal Description: N1/2 S1/4 SW 1/4 of NW 1/4 of Section 20 Township 51 North, Range 4 West, Town of Russell
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 9.905
Volume _____ Page _____ of Deeds Parcel I.D. 046-1029-05-991

Property Owner Deborah M. Topping Contractor Gary Hyde (Phone) _____
Address of Property XXX Lamont Rd Plumber _____
Bayfield, WI 54814 Authorized Agent Deborah Topping (Phone) _____
Telephone 779-3620 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____
Fair Market Value \$52,000 Square Footage 1,280 Number of Stories 1
USE: _____
Residence or Principal Structure (# of bedrooms) 1 Type of Septic/Sanitary System 2610
1448 ft (Mobile Home (manufactured date) _____)

Residence sq. ft. _____
 Residence w/deck-porch (# of bedrooms) 3
Residence sq. ft. 1,280 Porch sq. ft. _____
Deck sq. ft. 168 Deck(2) sq. ft. _____
 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 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) Deborah Topping Date 3-24-10
Address to send permit P.O. Box 152 Bayfield, WI 54814 ATTACH
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number Privy attached
Date 7-19-10 Permit Number 10-0243 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structural Safety/Conditions AS REPRESENTED BY ASSESSOR APPEARS TO BE CODE COMPLIANT & E.V. RESULT MAY BE ISSUED BY CLOSURE DOC Date of Inspection 7-16-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: No findings when any failure of primary fixtures may be observed upon the structure
USE SURE TIME THAT A SATISFAC & APPROVED WASTEWATER TREATMENT SYSTEM IS INSTALLED
Signed [Signature] Inspector Date of Approval 7-16-10
Rec'd for Issuance
JUL 19 2010

