



APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED

AUG 12 2010

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

Application No: 10-0342  
Date: 8/11/10  
Zoning District: A-1  
Amount Paid: \$125.00 MJ

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 SW 1/4 of SE 1/4 of Section 27 Township 51 North, Range 4 West, Town of Rossell

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2.4

Volume 800 Page 1009 of Deeds Parcel I.D. 0404625104740300020000

Property Owner Dianne Nelson, Gerts Langhans Contractor Self (Phone) 952 473 7925

Address of Property Turner Road Bayfield WI 54814 Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

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  Basement: Yes  No  Number of Stories 1

Fair Market Value 10,000 Square Footage 576 sq. ft. Sanitary: New Existing Privy City \_\_\_\_\_

USE:  Residence or Principal Structure (# of bedrooms) Storage Type of Septic/Sanitary System None

Residence sq. ft. 576  Mobile Home (manufactured date) \_\_\_\_\_

Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (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) Dianne Nelson Date Aug 12, 2010

Address to send permit 32660 Old County K Road Bayfield WI 54814 ATTAACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 9-2-10 Permit Number 10-0342 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structural setbacks/conditions as represented by owner appears to be OK

Contractor i.d.u. permit may be issued by DDC Date of Inspection 8-30-10

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

Condition: SHADOWS MAY NOT BE USED FOR HUNTS ABANDONED OR DURING STATE unless ALL APPLICABLE ZONING, SANITARY, AND UNIFORM DRAINAGE CODES ARE FULLY MET.

Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 8-30-10

Rec'd for Issuance

SEP 1 2010

Secretariat Staff



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