

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 375-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

ENTERED

Application No.: 10-0447
 Date: _____
 Zoning District: F-1
 Amount Paid: _____

Rec'd. 4/21/10

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 NE 1/4 of NE 1/4 of Section 202 Township 51 North, Range 4 West, Town of Russell

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ Acreage 40

Volume 1202 Page 178 of Deeds _____ Parcel I.D. 04-046-2-51-04-22-1 CSM # 01-680-11000

Property Owner Ronald Nelson / Steven & Debra Nesheim Contractor _____ (Phone) _____

Address of Property 90845 Peterson Hill Road Plumber _____

Bayfield, WI 57814 Authorized Agent _____ (Phone) _____

Telephone 209-1812 (Home) 779-9869 (Work) _____ Written Authorization Attached: Yes No

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

Structure: New _____ Addition _____ Existing _____

Fair Market Value _____ Square Footage _____

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

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

Residence sq. ft. _____ Porch sq. ft. _____

Deck sq. ft. _____ 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) _____

Owner or Authorized Agent (Signature) Ronald Nelson Date 4/20/10

Address to send permit 90845 Peterson Hill Bayfield, WI 57814 ATTACH _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 10/29/10 Permit Number 10-0447 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Property Area Appears to be present as per proposed plan.

Built Subject to Z.C. Approval By DRC Date of Inspection 5-20-10

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

Condition: ←

Signed [Signature] Inspector

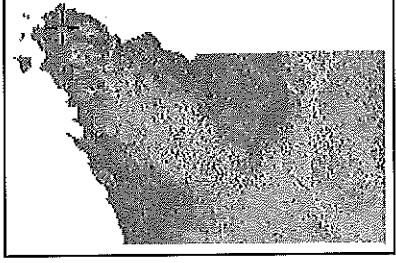
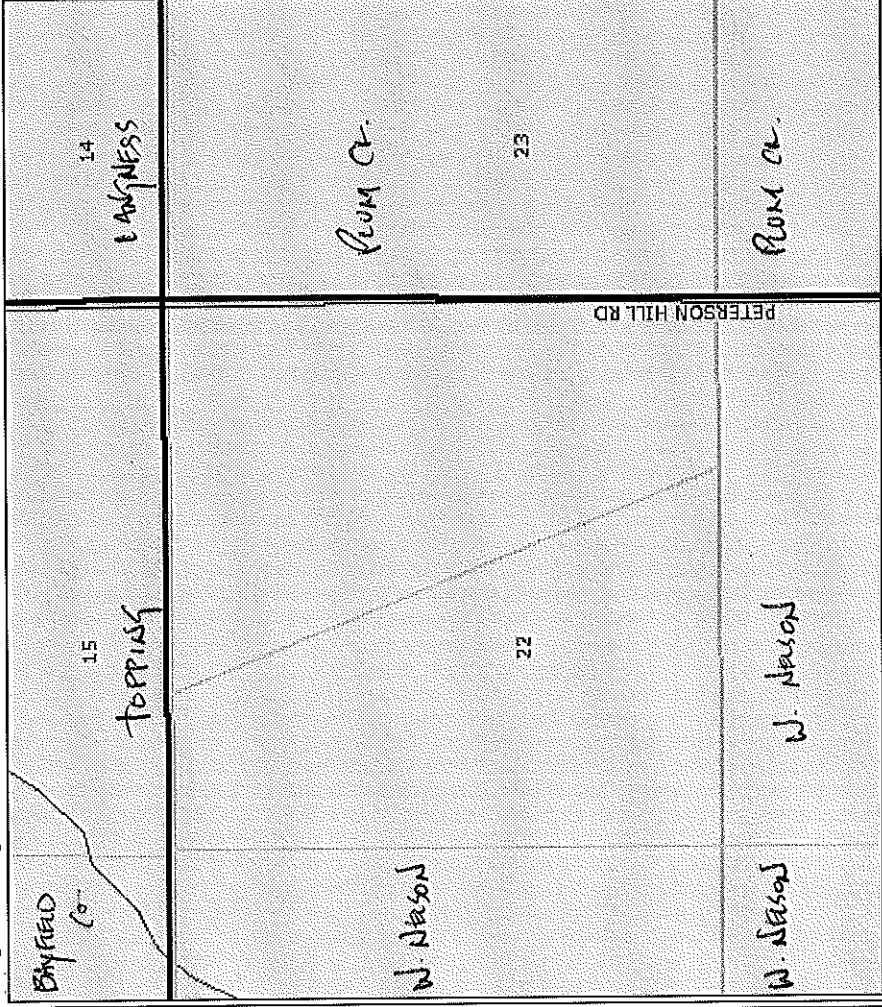
Rec'd for Issuance 6-15-10 Date of Approval _____

OCT 29 2010

Publications Staff

Bayfield County Zoning Department

Adjoining Property Owners



BAYFIELD COUNTY

