

" Conversion "

" L20 125.00 TBA 175.00 BILLED "

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

NOV 10 2011

Bayfield Co. Zoning Dept

Application No: 11-0438
 Date: 10/5/11
 Zoning District: Ag-1
 Amount Paid: \$300 11/16/11 CM

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 Conversion of Storage to Residential

Use Tax Statement for Legal Description South E West of Turner Rd

Legal Description SW 1/4 of SE 1/4 of Section 27 Township 51 North, Range 4 West, Town of Assese

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 24

Volume 800 Page 1009 of Deeds Parcel I.D. Tax ID: 29401 04046251042790300020000

Property Owner Dianne Nelson, Garth Langhammer Contractor _____ (Phone) _____

Address of Property 89035 Turner Road Bayfield WI 54814 Plumber Ed Wroblewski

Telephone _____ (Home) 715 779 3577 (Marty) Authorized Agent _____ (Phone) 715 313 5808

Is your structure in a Shoreland Zone? Yes No If Yes _____ Written Authorization Attached: Yes No

Structure: New _____ Addition Conversion Existing Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value 25,000.00 Square Footage 578 Basement: Yes No Number of Stories 1

USE: Residence or Principal Structure (# of bedrooms) _____ Sanitary: New _____ Existing Privy _____ City _____

Residence w/attached garage (# of bedrooms) _____ Type of Septic/Sanitary System Conversion

Residence sq. ft. _____ Mobile Home (manufactured date) _____

Residential Addition / Alteration (explain) _____ Commercial Principal Building _____

Residential Accessory Building (explain) _____ Commercial Principal Building Addition (explain) _____

Residential Accessory Building Addition (explain) _____ Commercial Accessory Building (explain) _____

Residential Other (explain) _____ Commercial Accessory Building Addition (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____ External Improvements to Principal Building (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (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 11/5/11

Address to send permit P.O. Box 205 Bayfield, WI. 54814 ATTACH _____

* 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 11-1265 Date 11-16-11

Date 10/5/11 Permit Number 11-0438 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Existing Structure > 75' from the R/L's. Permit may be issued as per orders. Reservations & Review's Permit By DDC Date of Inspection 1-22-11

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

Condition: _____

Need for sketching

B-302 - ARRA Not RULS 24 x 24 =

Form # 10-302

Signed [Signature] Inspector [Signature] Date of Approval 12-2-11

DEC 5 2011

Secretarial Staff

Parcel
ate Building Location

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