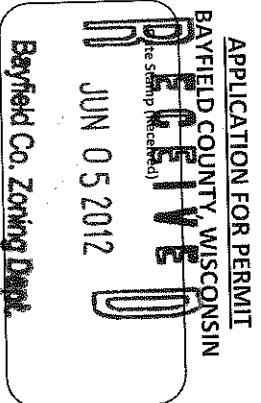


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138



Permit #:	19-035
Date:	9-14-12
Amount Paid:	
Refund:	

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.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Bayfield Co. Zoning Dept.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 RECEIVED
 JUN 05 2012

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: John Falconer and Jill Lorenz
 Address of Property: 91075 Old County K
 City/State/Zip: Town of Russell, WI 54814
 Mailing Address: 79020 Big Rock Road, Washburn, WI 54891
 Contractor: _____
 Authorized Agent: _____
 Agent Phone: _____
 Contractor Phone: _____
 Plumber: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: SW+SE 1/4, SE 1/4
 GOW/1 lot, Lot(s) _____, CSM _____, Vol & Page 1058 p 24
 Lot Size _____, Acreage 42.26
 Section 14, Township S1 N, Range 04 W, Town of: Russell

Legal Description: (Use Tax Statement) 04-04C-2-51-04-14-4 03-000-30000
 PIN: (23 digits)
 Recorded Document: (i.e. Property Ownership) Volume 1058 Page(s) 24
 Subdivision: _____

Shoreland Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes...continue If yes...continue Distance Structure is from Shoreline: _____ feet
 Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes...continue Distance Structure is from Shoreline: _____ feet

Value at Time of Completion (include donated time & material)	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Wel

Existing Structure: (if permit being applied for, is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/>	with Loft	() X ()	()
<input type="checkbox"/>	with a Porch	() X ()	()
<input type="checkbox"/>	with (2nd) Deck	() X ()	()
<input type="checkbox"/>	with (2nd) Deck with Attached Garage	() X ()	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	()
<input type="checkbox"/>	Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/>	Accessory Building (specify)	() X ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/>	Special Use: (explain)	() X ()	()
<input type="checkbox"/>	Conditional Use: (explain)	() X ()	()
<input type="checkbox"/>	Other: (explain)	() X ()	()

FALLURE 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(s): John Falconer Jill Lorenz
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 06 04 12

Authorized Agent: _____
 Record for Issuance: _____
 Address to send permit: 79020 Big Rock Road, Washburn, WI 54891
 Date: SEP 14 2012
 If you recently purchased the property send your Recorded Deed
 Copy of Tax Statement
 Attach
 Secretarial Staff

20

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

Permit #: 18-0280
 Date: 9-14-18
 Amount Paid:
 Refund:

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **William and Joan Meierotto** Mailing Address: **105 Meierotto Rd.** City/State/Zip: **ESKO, MN 55733** Telephone: **(218) 879-9387**

Address of Property: **State Hwy 13** City/State/Zip: **Bayfield, WI 54814** Cell Phone:

Contractor: **n/a** Contractor Phone: **n/a** Plumber: **n/a** Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **n/a** Agent Phone: **n/a** Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: **W2NW 1/4, NE 1/4** Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) **Volume 180 Page(s) 148**

Section **19**, Township **51** N, Range **4** W Town of: **Russell** Lot Size: **18.34** Acreage: **18.34**

Shoreland Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue Distance Structure is from Shoreline: feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue Distance Structure is from Shoreline: feet

Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ n/a	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Deck	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	Mobile Home (manufactured date) _____	()	()
	Addition/Alteration (specify) _____	()	()
	Accessory Building (specify) _____	()	()
	Accessory Building Addition/Alteration (specify) _____	()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain) <u>Alternative development (see attachment)</u>	()	()
	Conditional Use: (explain) _____	()	()
	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(s): William Meierotto Joan & Meierotto Date 7-9-18

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 105 Meierotto Rd., Esko, MN 55733

Attach

Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

