

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
RECEIVED
 SEP 24 2009

Application No.: 09-0459
 Date: _____
 Zoning District P-1/2
 Amount Paid: 75 9/29/09 mg

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 _____ 1/4 of _____ Section 35 Township 48 North, Range 8 West, Town of Tripp

Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.66

Volume _____ Page _____ Parcel I.D. CR 083-248-08-75-3 05-002-3000

Property Owner Marvin & Marjorie Green Contractor SELS (Phone) _____
 Address of Property 11315 N Longlake Rd Plumber _____ (Phone) _____

715-774-3624 (Home) _____ (Work) _____
 Telephone _____ Authorized Agent _____

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

Structure: New _____ Addition Existing _____
 Fair Market Value 100.0 Square Footage 238 sq ft Type of Septic/Sanitary System _____
 USE: Mobile Home (manufactured date) _____

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

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

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

Deck sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) Roof overhang

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) Marjorie Green Date 9/24/09

Address to send permit P.O. Box 28 Port Wing, WI 54865 ATTACH _____

* See Notice on Back

Copy of Tax Statement of
 (If you recently purchased the property
 Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 10/2/09 Permit Number 09-0459 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SEPTIC STRIPS/CONDITIONS AS REPRESENTED BY ASKER APPEARS TO BE CODE COMPLIANT

PLU. PERMIT NOT TO BE ISSUED By DR Date of Inspection 9-28-09

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

Condition: _____

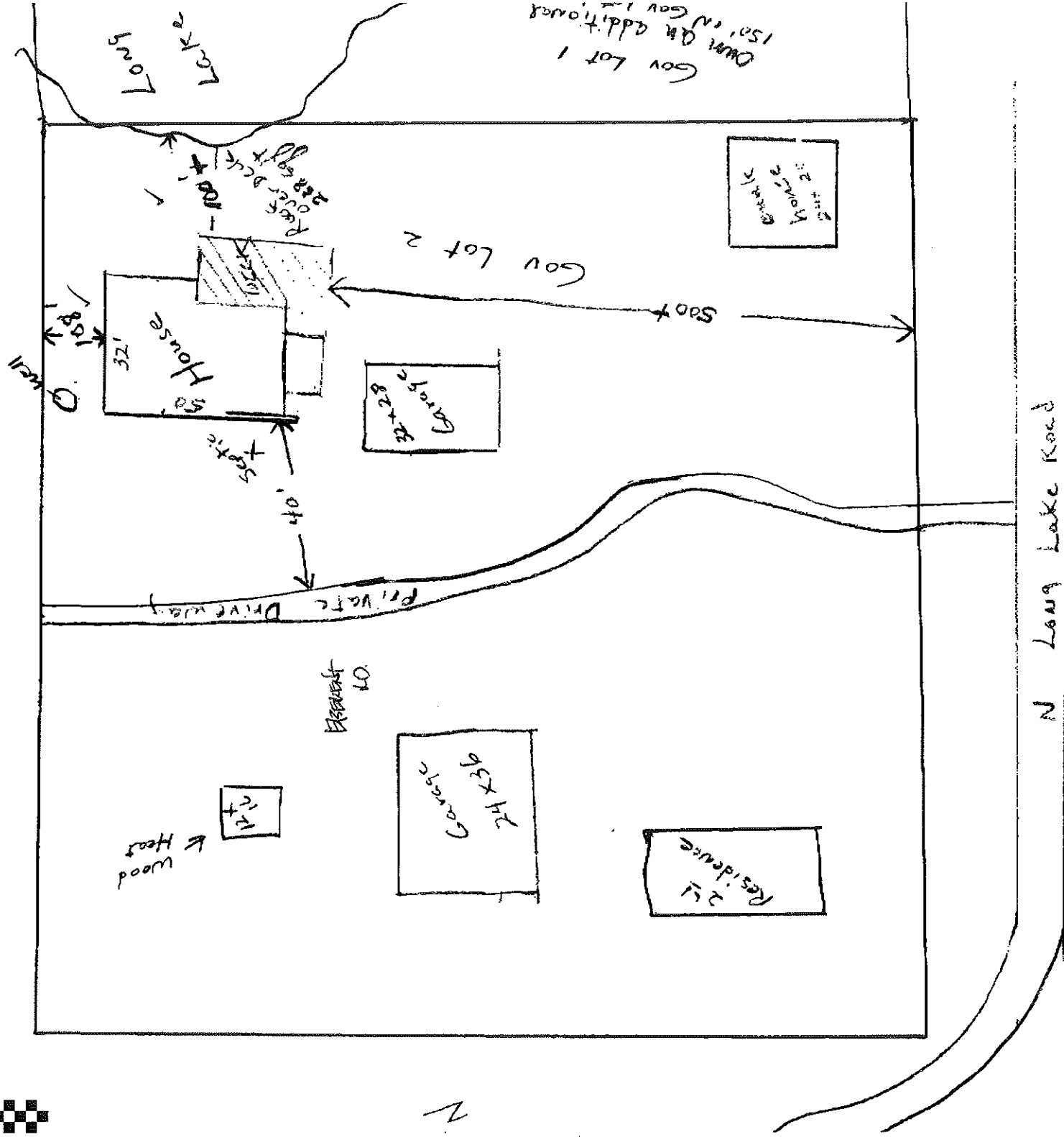
Signed [Signature] Inspector _____ Date of Approval 9-28-09

ADDITIONAL SITE PLAN
ADDITION > 250 FT²
 Rec'd for Issuance _____ Rec'd for Issuance _____

ALL STRIPS OK
SEP 29 2009
- Needs
F.M.V.

Secretarial Staff

Secretarial Staff



Marvin + Marjorie Green
 Lot in Gov Lot 2 Twn 48 Sec 35

Att: Doug Casina
 Per your request
 Marge

Received Time Sep. 25. 3:46PM

373-0114
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