

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 07 2010

Application No: 10-0360
Date: _____
Zoning District: A-1(3)
Amount Paid: 75 9/14/10

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 SW 1/4 of SE 1/4 of Section 9 Township 48 North, Range 8 West, Town of Tripp

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

Volume _____ Page _____ of Deeds Parcel I.D. 04-048-Z-48-08-09-4-03-000-10000

Property Owner Frank Lovciay Contractor _____ (Phone) _____

Address of Property 9750 Fairview Rd Plumber _____ (Phone) _____

Iron River, WI 54847 Authorized Agent _____ (Phone) _____

Telephone 715-372-5190 (Home) 715-372-5666 (Work)

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

Structure: New Addition _____ Existing _____

Fair Market Value \$5,000 Square Footage 2448

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

Residence sq. ft. _____

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

Residence sq. ft. _____

Deck sq. ft. _____

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

Residence sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) Barn

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 for 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) Frank Lovciay Date 9-3-2010

Address to send permit 9750 Fairview Rd Iron River WI 54847 ATTACH

* See Notice on Back

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

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9/15/10 Permit Number 10-0360 Permit Denied (Date) _____

Reason for Denial: _____

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

Comply with permit only be Issued By DDC Date of Inspection 9-9-10

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

Condition: _____

Signed [Signature] Inspector

Date of Approval 9-9-10

Rec'd for Issuance

SEP 13 2010

Secretarial Staff