

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
MAR 30 2009
Bayfield Co. Zoning Dept

Application No. 09-0072
Date: _____
Zoning District AG-1
Amount Paid: \$135 4/1/09
MY

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 NW 1/4 of NW 1/4 of Section 21 Township Washburn North, Range 5 West, Town of Washburn

Gov't Lot - Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10 Acres

Volume 1013 Page 183 of Deeds Parcel I.D. 04-050-7-49-05-21-2-02-000-1200

Property Owner Glean Peaver Contractor SAFE (Phone) _____

Address of Property Applied For City. Hwy C Plumber _____

Washburn, WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715209 5423 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No if yes. Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition _____ Existing _____ Basement: Yes _____ No Number of Stories _____

Fair Market Value 45,000. Square Footage 2520 City _____

USE: _____ Type of Septic/Sanitary System ADS will be conventional

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) Storage/Barn/shed _____ External Improvements to Principal Building (explain) _____

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

Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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 codes, ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 3/27/09

Address to send permit 111 Prentice Heights Ashland WI 54806 ATTACH _____

* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 4-13-09 Permit Number 09-0072 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owners representation. Proposed structure was walked and property lines well identified by survey. By Travis Tulowitzky Date of inspection 4/07/2009

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

Condition: No human habitation.

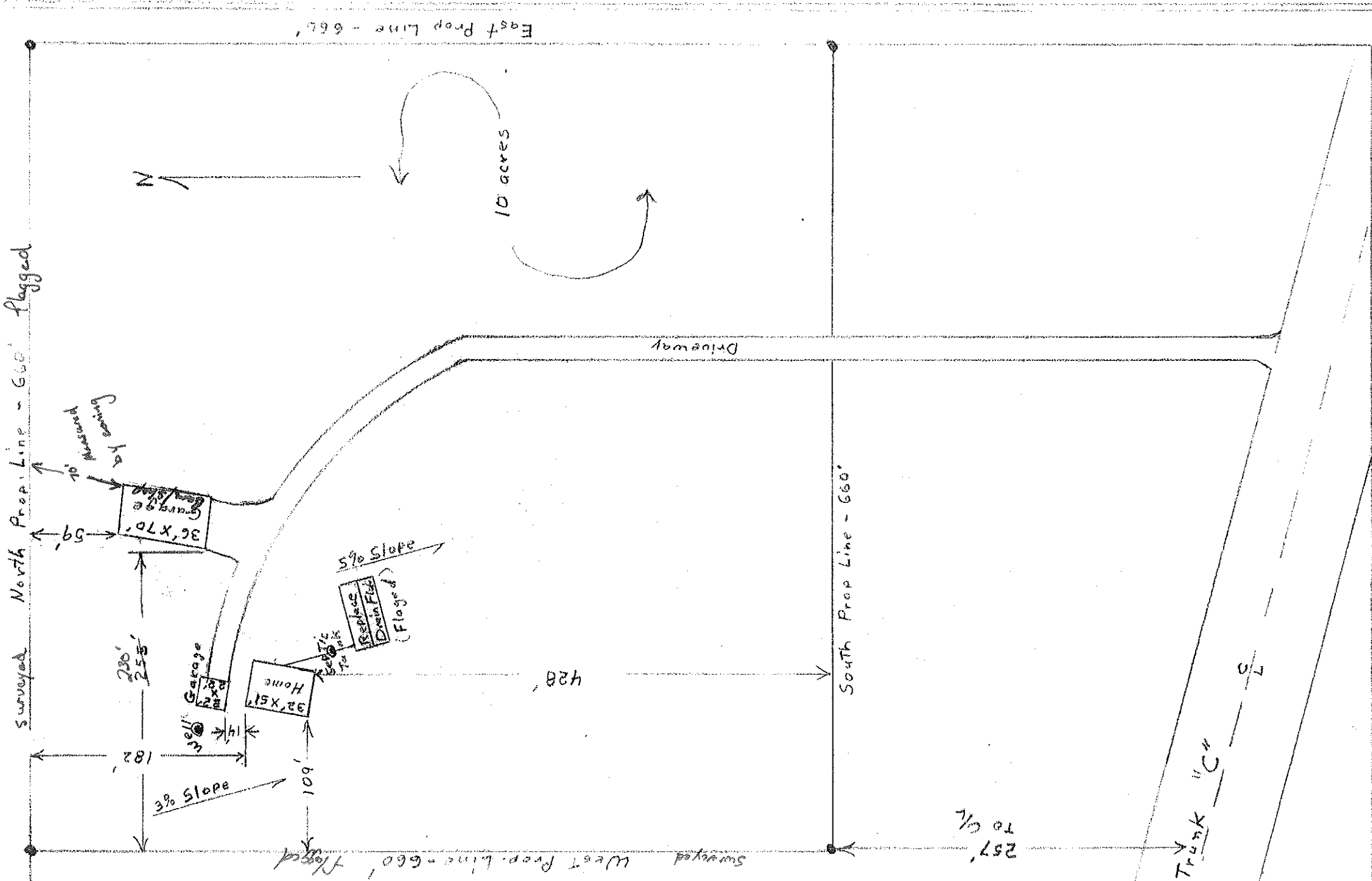
Signed Travis Tulowitzky Date of Approval 4/07/2009

Receptor Issuance

APR 13, 2009

Secretarial Staff

to:
 20ft
 120ft
 = 44ft
 = 130ft



SITE PLAN for: GLENN PEAVEY and DENA ARNISON

NE 1/4 of NW 1/4, NW 1/4, SECT. 21, T. 49N. R. 5W.

TOWN of WASHBURN SCALE 1" = 100'