

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  
 JUL 24 2009  
 Bayfield Co. Zoning Dept.

Application No. 09-0311  
 Date: \_\_\_\_\_  
 Zoning District AG-1  
 Amount Paid: 75 7/24/09 *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 SE 1/4 of NW 1/4 of Section 17 Township 48 North, Range 5 West, Town of WASHBURN

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 5

Volume 801 Page 684 of Deeds Parcel I.D. 04-050-2-98-05-17-2 04-000-20000

Property Owner KEVIN STEPHENSON Contractor SELF (Phone) 373-0299

Address of Property WASHBURN WI 54891 Plumber N/A

Telephone 373-0299 (Home) 292-2152 (Work) \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  if yes.

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_ Distance from Shoreline: greater than 75  75' to 40'  less than 40'

Fair Market Value 6000<sup>00</sup> Square Footage 1970

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) POLE SHED  
 Residential Accessory Building Addition (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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Kevin Stephenson Date 7-29-09

Address to send permit 26505 Engloe Rd Washburn WI 54891 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 \_\_\_\_\_ Date \_\_\_\_\_

Date 7-31-09 Permit Number 09-0311 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Meets code requirements per owner's representation. Proposed structure was staked and south property line painted. By Travis Tebawsky Date of inspection 7/30/2009

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

Condition: No human habitation.

Signed \_\_\_\_\_

Travis Tebawsky 7/30/2009  
 Inspector Date of Approval

Rec'd for Issuance

JUL 31 2009

Secretarial Staff

