

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

MAY 04 2010

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

Application No.: 10-0141

Date:

Zoning District: AG-1

Amount Paid: \$7500 RAS

S/7/10

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 NW 1/4 of NE 1/4 of Section 34 Township 49 North, Range 5 West, Town of WASHBURN
Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.2 TOTAL

Volume 396 Page 177 of Deeds Parcel I.D. 04-050-2-49-05-34-1 02-000-20000

Property Owner THOMAS L. & CONSTANCE L. COGGER

Contractor N/A

Address of Property 28745 S. MAPLE HILL RD.

Plumber N/A

WASHBURN, WI 54891

Authorized Agent N/A

Telephone 313-2108 (Home) _____ (Work) _____

Written Authorization Attached: Yes No

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 1

Fair Market Value \$5,000 Square Footage 1008

Sanitary: New Existing Privy _____ City _____

USE:

Type of Septic/Sanitary System will be Mound

* 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) POLE BARN FOR EQUIPMENT

External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

External Improvements to Accessory Building (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) Thomas J. Cogger

Date 1 May 2010

Address to send permit 28745 S. MAPLE HILL RD. WASHBURN, WI 54891

ATTACH

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

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____

State Sanitary Number _____

Date _____

Date 5/25/10

Permit Number 10-0141

Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Inspected site prior to application being submitted. By Travis Tebowitzky Date of Inspection 4/28/2010

Mitigation Plan Required: Yes No

Variance (B.O.A.) # _____

Condition: _____

Signed

Travis Tebowitzky

Inspector

Date of Approval 5/14/2010

Rec'd for Issuance

MAY 2010

Secretarial Staff