

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

MAY 20 2010

Application No: 10-0148

Date: _____

Zoning District F-1

Amount Paid: \$75.00 EOS

5/20/2010

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 NE 1/4 of SW 1/4 of Section 18 Township 5048 North, Range S West, Town of Washburn

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 887 Page 806 of Deeds Parcel I.D. 04-050-2-48-05-18-3 01-000-10000

Property Owner Marsha Jack Contractor _____ (Phone) _____

Address of Property Ashland WI 54806 Plumber _____

Telephone 715-373-2477 (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 _____

Fair Market Value \$7,000 Square Footage 864

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

* Residence sq. ft. _____

* 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) Pool Bid.

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Commercial Principal Building (explain) _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Owner or Authorized Agent (Signature) Marsha Jack Date 5-20-10

Address to send permit _____ ATTACH _____

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

Permit Issued: State Sanitary Number 404310 Date 6/11/03

Date 5/25/10 Permit Number 10-0148 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation.

By Travis Tebowitzky Date of Inspection 5/21/2010

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

Condition: No human habitation.

Signed Travis Tebowitzky Date of Approval 5/24/2010

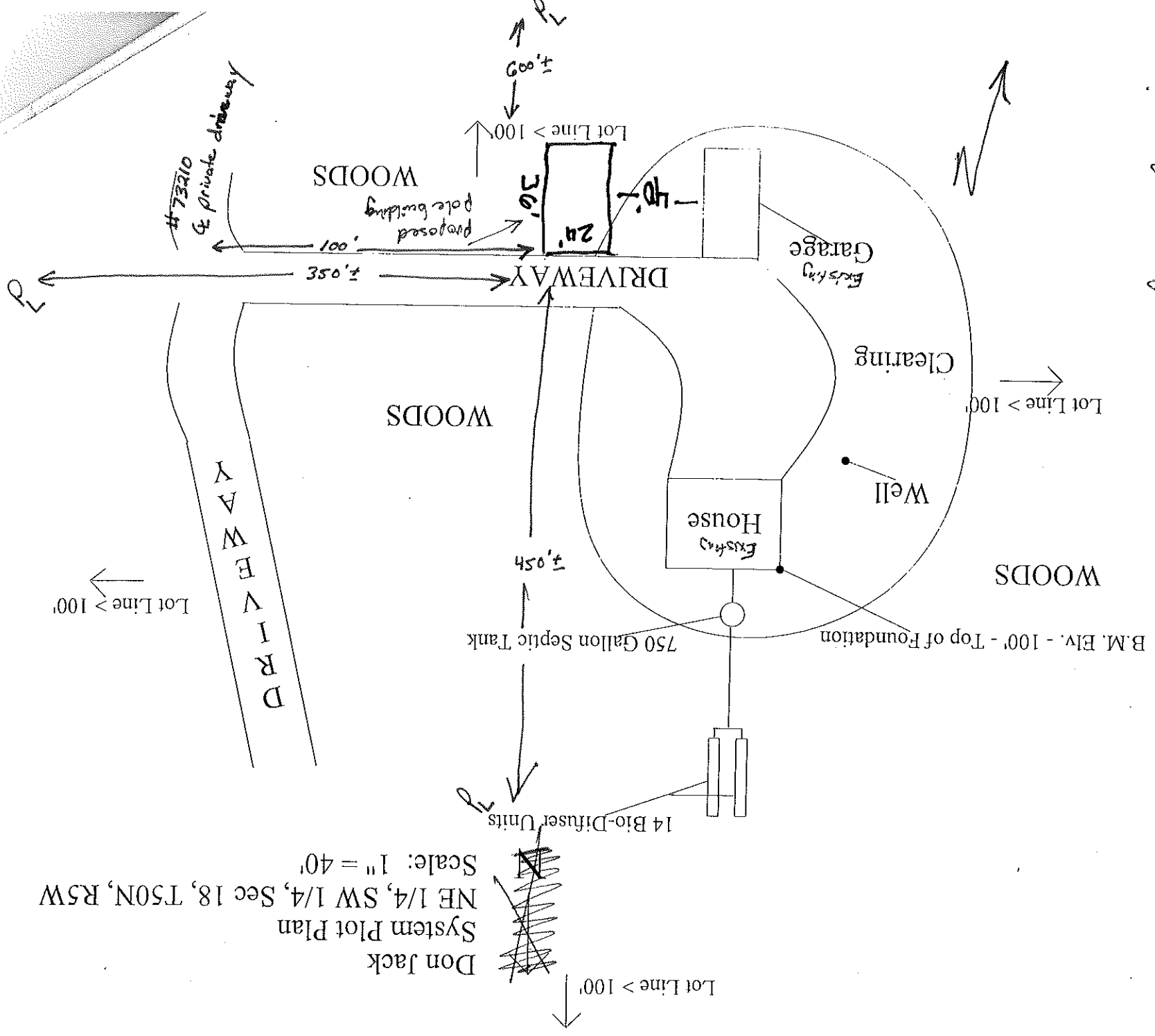
Inspector _____

Rec'd for Issuance

MAY 2010

Secretarial Staff

Don Jack
 System Plot Plan
 NE 1/4, SW 1/4, Sec 18, T50N, R5W
 Scale: 1" = 40'



Col Wroblewski
 # 8719
 5/29/03