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ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

AUG 31 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: 10-0377
Date: _____
Zoning District A-1-
Amount Paid: 75.- 8/9/10
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 W of County C

Legal Description SW 1/4 of NE 1/4 of Section 21 Township 49 North, Range S West, Town of WASI

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 7.36
Volume 877 Page 567 of Deeds Parcel I.D. 0405024905211030003000

Property Owner Robert J. + Barbara A. Bitzer Contractor gltf (Phone) _____
Address of Property 27680 Colberg Road Plumber _____
Washburn WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715-373-5844 (Home) 715-373-5544 (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 600,000 Square Footage 476 Sanitary: New _____ Existing Privy _____ City _____
USE: _____ Type of Septic/Sanitary System ST

- * 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) Unvered porch/deck
- Residential Accessory Building (explain) _____
- 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 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) Robert A. Bitzer Date 8-31-10

Address to send permit 27680 Colberg Road Washburn WI 54891 ATTACH
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9/21/10 Permit Number 10-0377 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Shower area, Slaters/condensate AS REPRESENTED BY OTHER APPEARS TO BE OK. CARPENTER
to permit only BE ISSUED By DC Date of Inspection 9-13-10

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

Condition: _____

Signed [Signature] Inspector _____
Date of Approval 9-13-10

Rec'd for Issuance

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SEP 21 2010

Secretarial Staff

