

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**  
 AUG 18 2011  
 Bayfield Co. Zoning Dept.

Application No.: 11-0313  
 Date: 9/2/11  
 Zoning District: R-EG/-  
 Amount Paid: \$75.00 PDS  
CASH 8/18/11

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 \_\_\_\_\_

*N 1/2* Use Tax Statement for Legal Description

Legal Description SE 1/4 of SW 1/4 of Section 12 Township 48 North, Range S West, Town of Washburn

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

Volume 834 Page 72 of Deeds Parcel I.D. 04050248051230400010000

Property Owner Jan & Rose Hansen Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 30500 Engloe Road Washburn, W.I. 54891 Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-373-2325 (Home) 715-682-5231 (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 \$4,000 Square Footage 240 (20x12) Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE: Type of Septic/Sanitary System \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_ (Phone) \_\_\_\_\_

\* Residence wideck-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 Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ Special/Conditional Use (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_ External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building (explain) Garage Deck External Improvements to 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) Jan Hansen Date 8-17-2011

Address to send permit \_\_\_\_\_ 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 9/2/11 Permit Number 11-0313 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structure satisfactory/conditionals is addressed by owner - appears to be code compliant  
2. No Permit may be issued. BY DK Date of Inspection 8-21-11 9-2-11

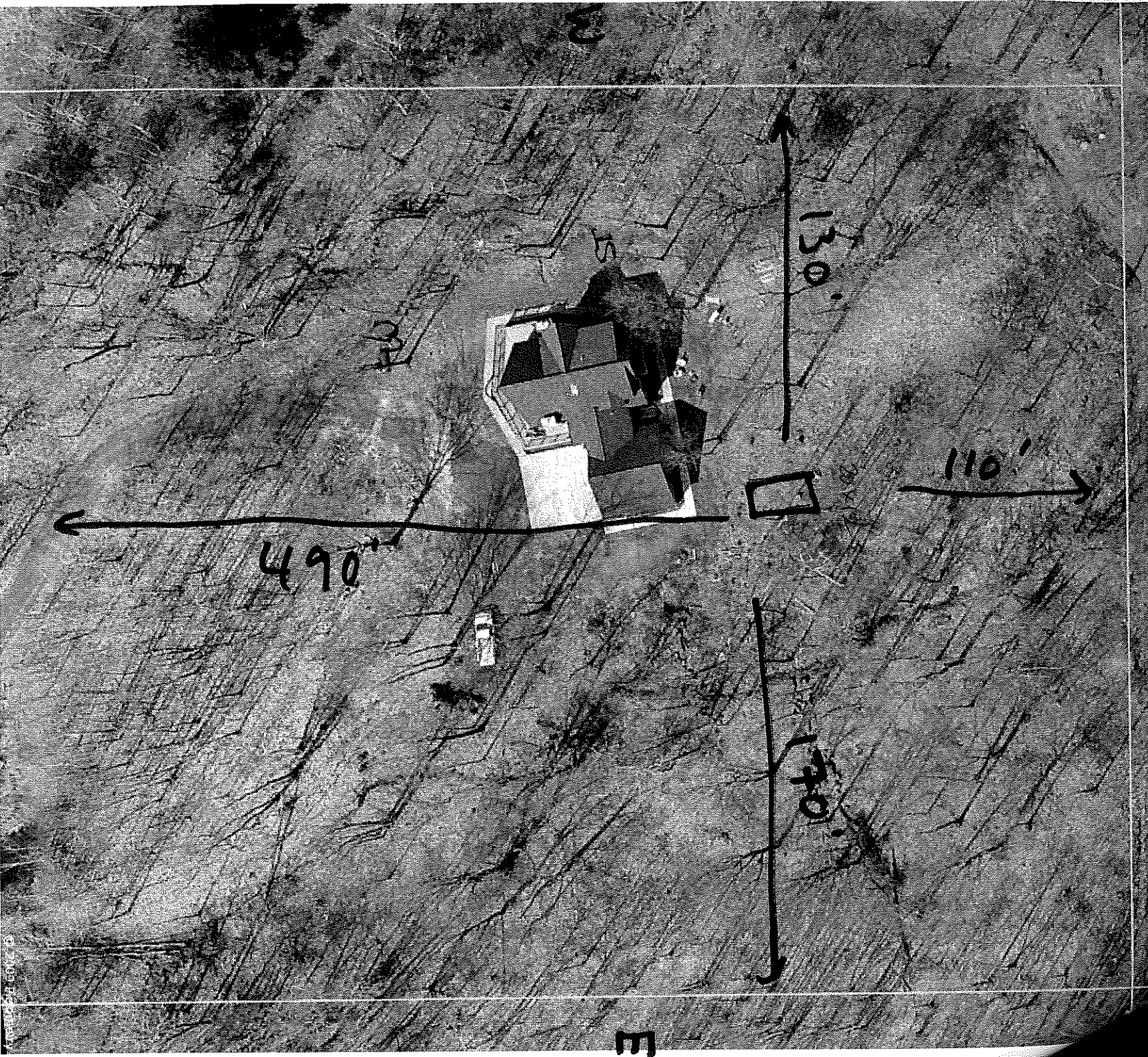
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_

Rec'd for Issuance 9-2-11 Signed [Signature] Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

SEP 2 2011  
 03-286  
 Secretarial Staff





530' x 640'

S

490'

170'

130'

110'

N

E

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