

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 SEP 29 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-03884
 Date: 10-9-14
 Amount Paid: \$165 987-14
 Refund:

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Roger M + Margaret M. Fikus
Address of Property: 15038 FARQUHAM AVE N, Higo, WI 55038
 8904D Bark Point Road
City/State/Zip: Higo, WI 55038
Contractor: GARY PETERSON
Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Herbster/Clower WI 57894
Contractor Phone: 715-378-4921
Plumber: N/A
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Telephone: 651-464-7008
Cell Phone: 612-8106416
Plumber Phone: N/A
Written Authorization Attached: N/A
 Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, _____ 1/4
 PIN: (23 digits) 04-014-2-51-07-27-4 02-177-14000
 Volume 7
 Subdivision: GIKHE Gumree Shores
 Lot Size 265 x 225
 Acreage 1.398

Section 27, Township 15 N, Range 07 W
 Town of: Clower

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 600 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

not at site of course

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 150,000 Leas HMW 50k	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> STORAGE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Plow</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: 22' Width: 16' Height: 10'
Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) TYPE? <u>STORAGE</u> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	(32 x 16) () () () () ()	518 sq' () () () ()
<input type="checkbox"/> Commercial Use Rec'd for Issuance	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() () ()	() () ()
<input type="checkbox"/> Municipal Use Secretarial Staff Rec'd for Issuance	Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	() () () ()	() () () ()
<input type="checkbox"/> Secretarial Staff	Special Use: (explain) Conditional Use: (explain) 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(s): Roger M + Margaret M. Fikus
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 9/21/2014
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 15038 FARQUHAM AVE N, Higo, WI 55038
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

