

**SUBMITTER: 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)  
 11 031 06 2014  
 Bayfield Co. Zoning Dept

**ENTERED**  
 Permit #: 15-0038  
 Date: 8-24-15  
 Amount Paid: \$180.00  
 Refund: 156.14

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **Thomas J. Bergeman** Mailing Address: **W894 King Rd, Royette, WI 53955** Telephone: \_\_\_\_\_  
 Address of Property: **21450 Rocky Road** City/State/Zip: **Cornucopia, WI 54827** Cell Phone: **608-669-6088**  
 Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

**PROJECT LOCATION** Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot **1** Lot(s) **2** CSM **1846** Vol & Page **1158/159** Lot(s) No. **3** Block(s) No. \_\_\_\_\_  
 Section **21**, Township **50** N, Range **6** W Town of: **Bell** PIN: (23 digits) **04-010-2-50-6-21-3-05-001/2/100** Recorded Document: (i.e. Property Ownership) Volume **11** Page(s) **158-159**  
 Subdivision: \_\_\_\_\_ Lot Size **18.85ac** Acreage **18.85ac.**

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes—continue → Distance Structure is from Shoreline: **250** feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes—continue → Distance Structure is from Shoreline: **550** feet  
 Non-Shoreland

Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

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
\$ <b>35,000</b>	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>Adding Tank</b> <input type="checkbox"/> Privy (Pit) or 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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <i>Existing</i>	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( 12 X 20 ) ( X X ) ( X X ) ( X X ) ( X X ) ( X X ) ( X X )	240
<input type="checkbox"/> Commercial Use	Burkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( X X )	
<input type="checkbox"/> Accessory Building	Addition/Alteration (specify) Accessory Building (specify)	( X X ) ( X X )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( X X )	
<input type="checkbox"/> Special Use: (explain)		( X X )	
<input type="checkbox"/> Conditional Use: (explain)		( X X )	
<input type="checkbox"/> Other: (explain)		( X X )	

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): **Thomas J. Bergeman** (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Date: **9-30-2014**  
 Authorized Agent: \_\_\_\_\_ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit \_\_\_\_\_ (If you recently purchased the property send your Recorded Deed \_\_\_\_\_)



