

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)
 APR 22 2015
 Bayfield Co. Zoning Dept

Permit #: 15-01410
 Amount Paid: \$5,191.85
 Refund: \$1035
 5-19-15

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.

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

Owner's Name: Edie & Julie Mellon Mailing Address: 5700 York Ave S, Edina, Mn 55410 Telephone: _____
 Address of Property: North Point Rd City/State/Zip: _____ Cell Phone: 612-819-4213
 Contractor: RD Cast, Lic # 998353 Contractor Phone: 765-292-3158 Plumber: Palkoski Plumber Phone: 715-212-4156
 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) SE 1/4, NE 1/4 Gov't Lot: 1 Lot(s): 1 CSM: 1756 Vol & Page: 16/218 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section: 21, Township: 47 N, Range: 8 W Town of: Town River Lot Size: _____ Acreage: 4.22
 PIN: (23 digits) 04-0242247082140032711000 Recorded Document: (ie: Property Ownership) Volume: _____ Page(s): _____

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? Yes No
 If Yes--continue \rightarrow Distance Structure is from Shoreline: 100 feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes No
 If Yes--continue \rightarrow Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$40,000.00	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Rehabilitation (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 type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	PREFAB - Loft (24 x 60) MOBILE HOME PER OWNER WITH I REQUESTED IT 10 x 30 8 x 10 X X	1440 300 80
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) <u>08/1998</u> Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____		
	Special Use: (explain) _____		
	Conditional Use: (explain) _____		
	Other: (explain) _____		

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): Edie & Julie Mellon Date: 4/17/15
 (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: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit PO Box 155 Iron River WI 54817 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

