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

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

ENTERED Permit #: Amount Paid: Date:

17-0126

Refund:

5-10-17

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

2

Owner's Name:	Owner's Name:	LAND USE	Ľ	Mailing Address:	NY.		/ S i	185	B.O.	Telephone:	HER
Josh Meritz	7			13875	T. P. Per	8	LOS XXCC.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	54/	Cell Phone:	
73875 Air	Airport Rd		<u> </u>	Hand	ver,	W1 5484	J		- 3	715-525	25-1951
Contractor:				Contractor Phone:		Plumber:				Plumber Phone:	hone:
Authorized Agent: (P	(Person Signing Application on behalf of Owner(s))	ation on behalf	of Owner(s))	Agent Phone:		Agent Mailing A	Agent Mailing Address (include City/State/Zip):	/State/Zip):		Written Au Attached	Written Authorization Attached Yes
PROJECT LOCATION	Legal Description:		(Use Tax Statement)	Tax ID# (4-5 digits)	digits)			Recorded Deed (i.e. Document #:		ssigned by R	# assigned by Register of Deeds)
NE 1/4,	NE 1/4	Gov't Lot	Lot (s)	CSM	Vol & Page	Lot(s) No.	b. Block(s) No.	Subdivision	ň		
Section	, Township		N, Range	W	Town of:	**		Lot Size		Acreage	
	☐ Is Property/Land within 300 feet of R Creek or Landward side of Floodplain?	Land within	Is Property/Land within 300 feet of River, reek or Landward side of Floodplain?	Stream	(incl. Intermittent)	Distance Structure	ucture is from Shoreline :	reline : feet	Is Property in	rty in	Are Wetlands
☐ Shoreland —	□ Is Property/	Land within	☐ Is Property/Land within 1000 feet of Lake,			Distance Structure	ucture is from Shoreline :	reline : feet	□ Yes X No	o es	¥ Yes
Non-Shoreland						_					
Value at Time of Completion * include donated time &	Project	f	# of Stories and/or basement	ent .	Use	# of bedrooms	Sev	What Type of Sewer/Sanitary System Is on the property?	oe of ry System openty?		Water
	New Construction	uction	1-Story		Seasonal	1	☐ Municipal/City	1 8	September 100 to		□ City
٠ ٠	Addition/Alteration	teration	+	Loft	Year Round	J C	(New) Sanitary		Specify Type:		_ X Well
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ Relocate (existing bldg)	isting bldg)		1	c		{ I	or Vau	Vaulted (min 200 gallon)	200 gallon	
Territoria (1980)	Property	Annie de la constante de la co	Foundation	7			☐ Compost Toilet ☐ None	oilet	in act		
Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:	: (if permit bein)	g applied for	is relevant to it)	D 6	Length:		Width:		Height:	ant:	
Proposed Use				Prop	ر ا دی	re l	595959		Dimensions		9600000000
		Principal S	Principal Structure (first structure on property)	structure	on property)			•	×	_	10000
		Residence	Residence (i.e. cabin, hunting shack, etc.)	iting shach	c, etc.)				×	- -	
Residential Use	Se		with a Porch				man an an an an de arte de destruction de la company de la	-	×	_ -	
			with (2 nd) Porch	rch		enteretententententententententententententen		. ^	×		Technical desired from the form from the programme of the from the first
			with a Deck with (2 nd) Deck	유				- -	×		
Commercial Use	Use		with Attached Garage	d Garage				1	×	}	
		Bunkhous	Bunkhouse w/ (□ sanitary, or	, <u>or</u> □ sle	sleeping quarters, or		☐ cooking & food prep facilities)	es) (×		
		Mobile Ho		red date) _				\	×	- -	***************************************
☐ Municipal Use	ři X	Accessory Building	=	(specify)	Pole building	ding) HO		<u> </u>	
		Accessory	Accessory Building Addition/Alteration	ion/Altera	ation (specify)) 'w/ lean	m + (2)	7	×		duminimum inima siddan sidda sida and a sida sida sida sida sida sida sida s
		Special Use: (explain)	e: (explain)					(×	_	
		Condition	Conditional Use: (explain)	- Company of the Comp		**************************************		_	×	_	
		Other: (explain)_	plain)					_	×	_	
I (we) declare that this	application (including	FAILURE TO any accompanyi	Plain)	or STARTING	CONSTRUCTION y me (us) and to th	WITHOUT A PERN	AIT WILL RESULT IN P	ENALTIES	complete. I (w) ve) acknowled	ge that I (we)
am (are) responsible for may be a result of Bay above described prope	application (incurance the detail and accurrate detail and accurrate detail and accurrate detail and accurrate details and reasonable to the details are details are details and accurrate details are detai	any accompany acy of all information this information time for the pure	ation I (we) am (are) provon I (we) are provon I (we)	en examble of roviding and th viding in or wit	at it will be relied unit to the his application.	pest of Hity Jour, was pon by Bayfield Cou	I (we) desare that this application, including any accompanying information I (we) are necessitively and to to the best of my four knowledge and best it is the control to the control of an interest of all information I (we) am (are) providing and that it will be relied upon by Bayfield country in determining whether to issue a positive remains of the providing and that it will be relied upon by Bayfield Country network to issue a positive providing and that it will be relied upon by Bayfield Country network to issue a positive providing and that it will be relied upon by Bayfield Country network to issue a positive providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country network to issue a positive providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and that it will be relied upon by Bayfield Country in the providing and the providing and that it will be relied upon by Bayfield Country in the providing and th	ther to issue a po th administering	ermit. I (we) fu county ordina	urther accept inces to have	liability which access to the

Address to send permit

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter

application)

Date

Is listed on the De \mathcal{L} Owners must sign or letter(s) of authorization must accompany this application)

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0126 Joshua Mieritz & Melissa Nelson Issued To: No. 14 48 N. Oulu Location: NE NE Township Range W. Town of $\frac{1}{4}$ of Section CSM# Subdivision Gov't Lot Lot Block

For: Residential Accessory Structure: [1- Story; Pole Building (40' x 40') Lean-to (18' x 40') = 2,320 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Shall not be used for human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 10, 2017

Date