

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  
 PERMITIVE  
 SEP 23 2011  
 Bayfield Co. Zoning Dept.

Application No: 11-03552  
 Date: 9/28/2011  
 Zoning District: RRB, Class 2  
 Amount Paid: \$75 9/28/11  
 DATE

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 \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description EAST 3/4 of T4 1/4 of Section 30 Township 45 North, Range 9 West, Town of BAEVES

Gov't Lot 3 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 3.7

Volume 987 Page 157 of Deeds Parcel I.D. 04-004-2-45-09-30-2-05-003-11000

Property Owner Daniel S. Rice Contractor self (Phone) \_\_\_\_\_

Address of Property 1200 Ellism Lake Rd Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

BAEVES, WI Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 952-472-0717 (Home) \_\_\_\_\_ (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 12,000 Square Footage 24x28=672 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System ST-Corr

Residence sq. ft. \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) GARAGE  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (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) Daniel S. Rice Date 9-23-11

Address to send permit: 2044 ARBOR LN, MOUND, MN 55364 ATTACH \_\_\_\_\_  
 (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 9/28/2011 Permit Number 11-03552 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Meets all setbacks. Property lines per owner's representation. BY Mr. Funtak Date of Inspection 9-27-11

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 condition: Must be used for human habitation. No water under pressure in structure.

Rec'd for Issuance \_\_\_\_\_ Signed Michael Funtak Date of Approval 9-28-11  
 SEP 28 2011 Inspector \_\_\_\_\_

Secretary Staff  
 Filed to 04-004-2-45-09-30-2 05-003-10000

