

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

ATF

\$600.

Application No: 09-0354
 Date: _____
 Zoning District: Ag-1
 Amount Paid: Rec'd 108 - ATF 125

RECEIVED
 JUL 02 2009
 Bayfield Co. Zoning Dept.

\$600
 2/13/09
 FBA-175
 ATF 125

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. CONNECTION

OTHER add to TBA

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A.

Use Tax Statement for Legal Description Part of the NW, SE, SW, SE

Legal Description SE 1/4 of SE 1/4 of Section 16 Township 50 North, Range 4 West, Town of Bayfield

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ Acreage 18.44

Volume 858 Page 137 of Deeds Parcel I.D. 04-006-2-50-04-16-4-04-000

Property Owner Bruce Judith Demuf Contractor _____ (Phone) 20,000

Address of Property 33600 Star Rt. Plumber _____

Bayfield WI 54814 Authorized Agent _____ (Phone) _____

Telephone 218 724-6729 (Home) 218 5900152 M Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New _____ Addition Existing

Fair Market Value 31,000 Square Footage 400-380

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____

Residence sq. ft. 280 Porch sq. ft. 50

Deck sq. ft. 50 Deck sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Bruce Demuf Date 7/2/09

Address to send permit 3422 East 1st St SMITH MN ATTACH

* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

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.

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 8/24/09 Permit Number 09-0354 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SHOWN SEPTERS/CONDITIONS AS-BUILT APPEARS TO BE COPE CARPENT & REAR

MAY BE USED REARLY TBA By DOL Date of Inspection 7-18-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

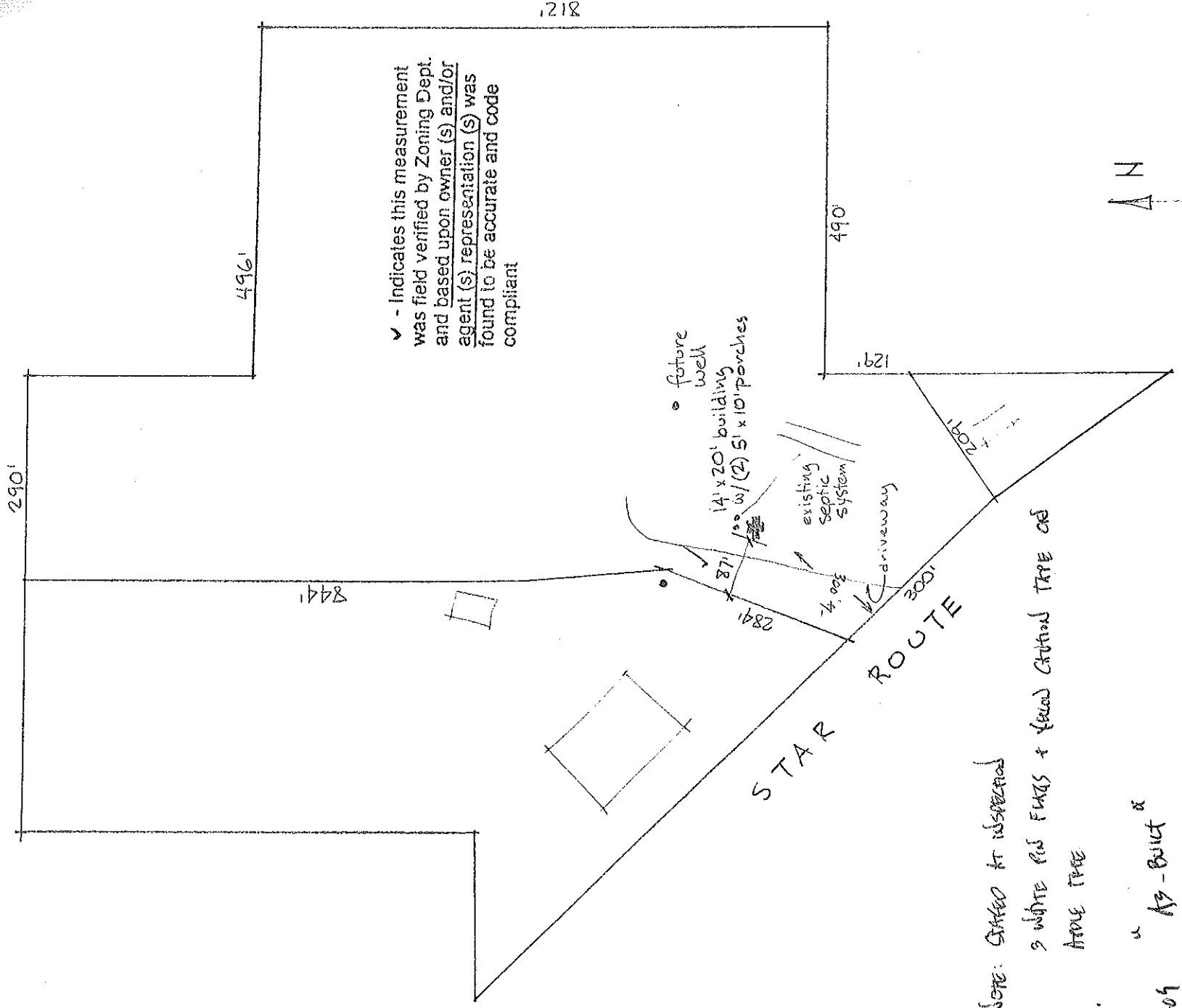
Condition: ON-SITE WASTE TREATMENT SYSTEM IS ONLY DESIGNED FOR A MAXIMUM OF TWO(2) BEDROOMS

Signed [Signature] Inspector Rec'd for Issuance/Approval

T.B.A. 7-18-09

JUL 23, 2009

Secretarial Staff



✓ - Indicates this measurement was field verified by Zoning Dept. and based upon owner (s) and/or agent (s) representation (s) was found to be accurate and code compliant

NOTE: STATED AT INSPECTION

3 WHITE PINE TREES + SEVERAL OTHER TREE SPECIES

2.14.01 " AB-BUILD "

DERAUF SITE PLAN 1" = 200'