

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

RECEIVED
 SEP 25 2009

Bayfield Co. Zoning Dept.

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 NW 1/4 of SE 1/4 of Section 15 Township 50 North, Range 47 West, Town of Bayfield

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.275

Volume _____ Page _____ of Deeds Parcel I.D. 04-006-2-50-04-15-4 00-111-12000

Property Owner Thomas & Janine Heffelfinger

Contractor Lake Effect Builders (Phone) 715-209-0300

Address of Property Applied for _____

Plumber Ed Redinger

Authorized Agent Leoketchum (Phone) 715-209-0300

Telephone 612-349-5657 (Home) 612-334-9144 (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 38,000 Square Footage 660

Sanitary: New Existing _____ City _____

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

Type of Septic/Sanitary System mound
 Mobile Home (manufactured date) _____

Residence sq. ft. _____

Commercial Principal Building _____

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

Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____

Commercial Accessory Building (explain) _____

Deck sq. ft. _____

Commercial Accessory Building Addition (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 OF 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) [Signature]

Date 9/25/09

Address to send permit 612 West 4th Street Washburn, WI 54891

ATTACH

Copy of Tax Statement or
 (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 10/13/09 Permit Number 09-0477 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY THE AGENT APPEARS TO BE CODE COMPLIANT & I.I.
 By ORL Date of Inspection 10-8-09

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

Condition: _____

DATE SPECIFIED TO HAVE A BACKLOG IN IT, SIGNED BY [Signature]
DATE TO BE MAINTAINED FOR

Date of Approval 10-8-09
 Rec'd for Issuance

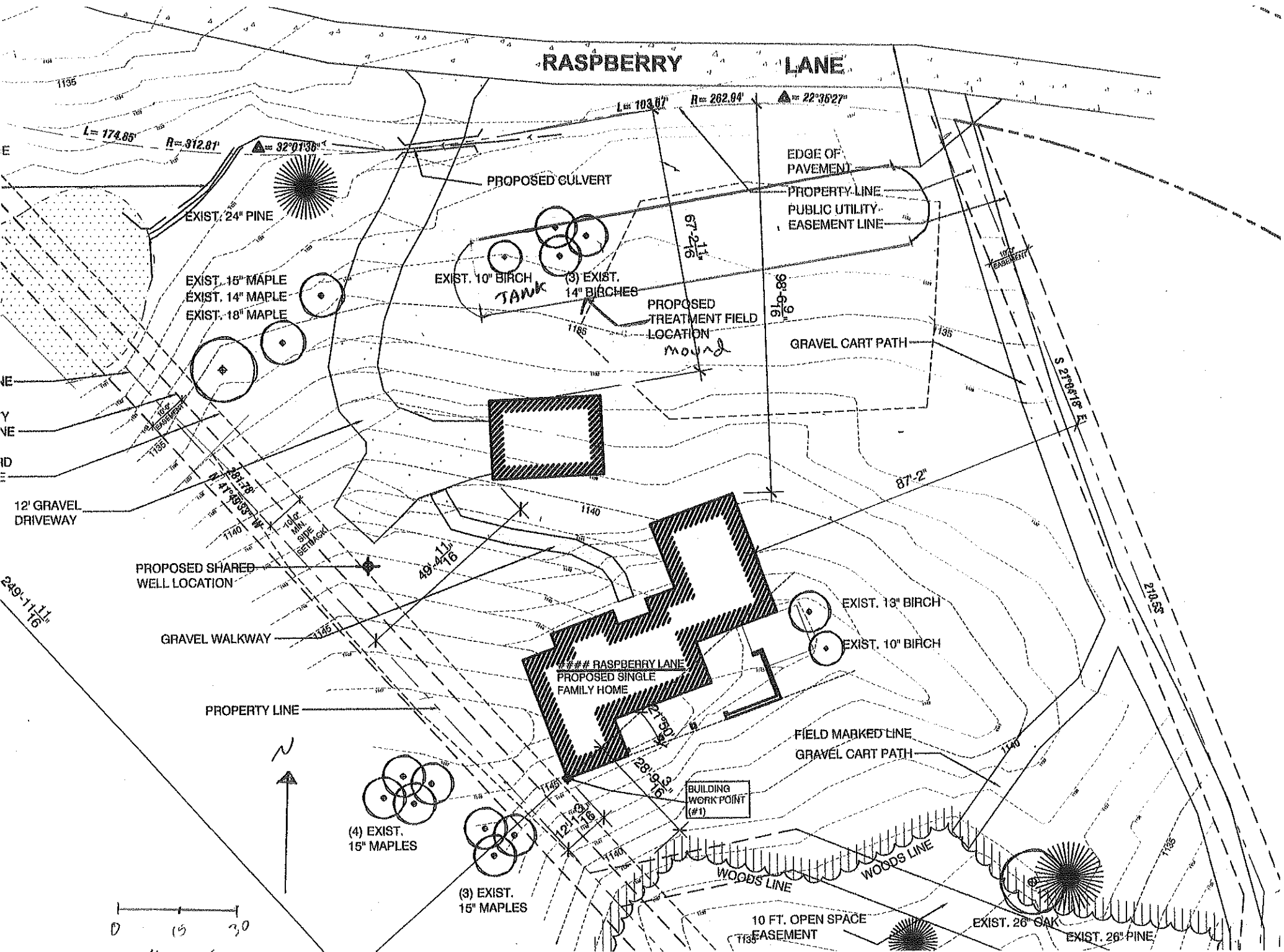
OCT 19, 2009

Secretarial Staff

ENTERED

Application No: 09-0477
 Date: _____
 Zoning District R-RS/-
 Amount Paid: \$1149/29/09

RASPBERRY LANE



0 15 30
1" = 30'