

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
OCT 14 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0491
Date: _____
Zoning District: R-PS/-
Amount Paid: \$125.00 EOS
10/14/09

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 1/4 of 1/4 of Section 6 Township 50 North, Range 3 West, Town of Bayfield

~~Lot~~ Lot 4 & 5 Block 83 Subdivision Dairyplex CSM # _____ Acreage _____

Volume _____ Page _____ of Deeds _____ Parcel I.D. _____

Property Owner Christa L. Clacomboux Contractor SEF (Phone) _____

Address of Property State Hwy 13 Plumber _____ (Phone) _____

Bayfield WI 54814 Authorized Agent _____ (Phone) _____

Telephone 715 209-8143 (Home) 715 799-5115 (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition Existing _____

Fair Market Value \$5,000 Square Footage 1216

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

Residence sq. ft. _____

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

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

Deck sq. ft. _____ Deck(2) 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) Christa Clacomboux Date 10/14/09

Address to send permit P.O. Box 526 Bayfield WI 54814 ATTACH _____

* See Notice on Back Copy of Tax Statement or _____

APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number _____ Date _____

Date 10/20/09 Permit Number 09-0491 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SEPARATORS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CORRECT

CONCURRENT S.D.U. PERMIT WAS BY DEC Date of Inspection 10-16-09

BE OVER. By DEC

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

Condition: NO CDC COMPLAINT - MOBILE HOME.

Signed [Signature] Date of Approval 10-16-09

Inspector _____ Rec'd for Issuance _____

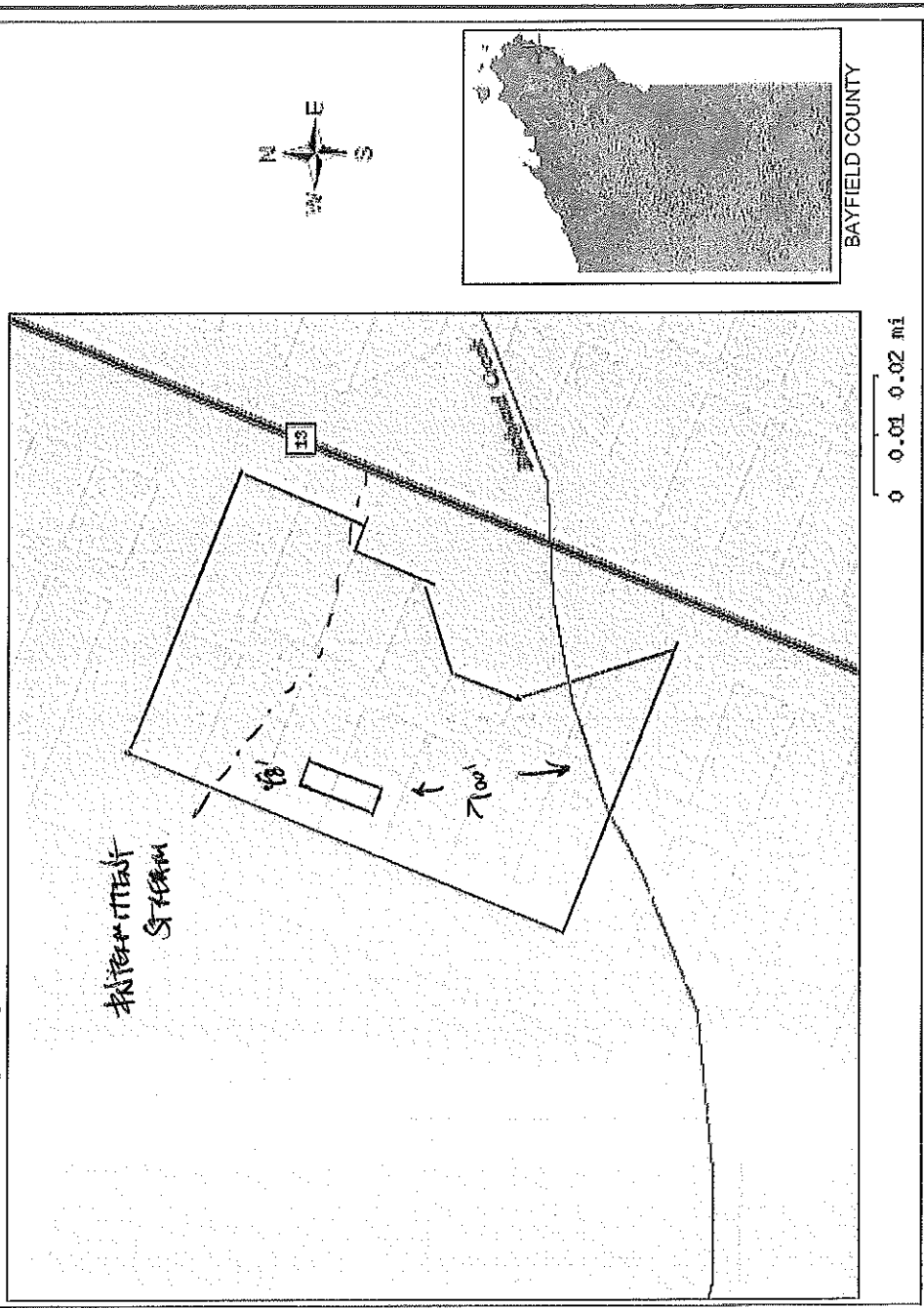
Verify location of BAYFIELD CHURCH

Resurvey Station to NORTH?

OCT 10 2009 Secretarial Staff

ENTERED [Signature]

Christa's Property Boundaries



PL's AC SURVEYED

14' x 76'

200' W. E. SH 13

AC PL'S FLAGGED BY OWNER

AS FLAGGED ONLY TO AREA 24'
 TO SOUTH > 50'
 TO NORTH > 50'

NOTE
 BRICKYARD CREEK
 FLUID TO SOUTH (> 100')
 PARTICLE SIZE TO DETERMINE
 INTERMITTENT STREAM
 CHARACTERISTICS 3" CURVE
 SH 13