

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
OCT 14 2009
Bayfield Co. Zoning Dept.

Application No. 09-00071
Date: _____
Zoning District CRB1-
Amount Paid: \$50 10/20/09 mg

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.

Temporary

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

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 6 Township 50 North, Range 3 West, Town of Bayfield
Gov't Lot 316 Block E3 Subdivision of PARADE ADJACENT CSM # Acreage _____

Volume _____ Page _____ Parcel I.D. CF-06-2-50-03-04-2-00-196-06700 \$ 066.00

Property Owner Christa L. Charentoux Contractor Self (Phone) _____

Address of Property State Hwy 13 Plumber _____

Bayfield WI 54814 Authorized Agent _____ (Phone) _____

Telephone 76-209-8143 (Home) 715-779-515 (Work) _____

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

Structure: New Addition Existing
Fair Market Value 45,000 Square Footage 1716

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) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Type of Septic/Sanitary System _____

Mobile Home (manufactured date) 2005

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Type of Septic/Sanitary System _____

Mobile Home (manufactured date) 2005

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial 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) Christa L. Charentoux Date 10/14/09

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

* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number _____ Date _____

Date 10/19/09 Permit Number 09-00071 Permit Denied (Date) _____

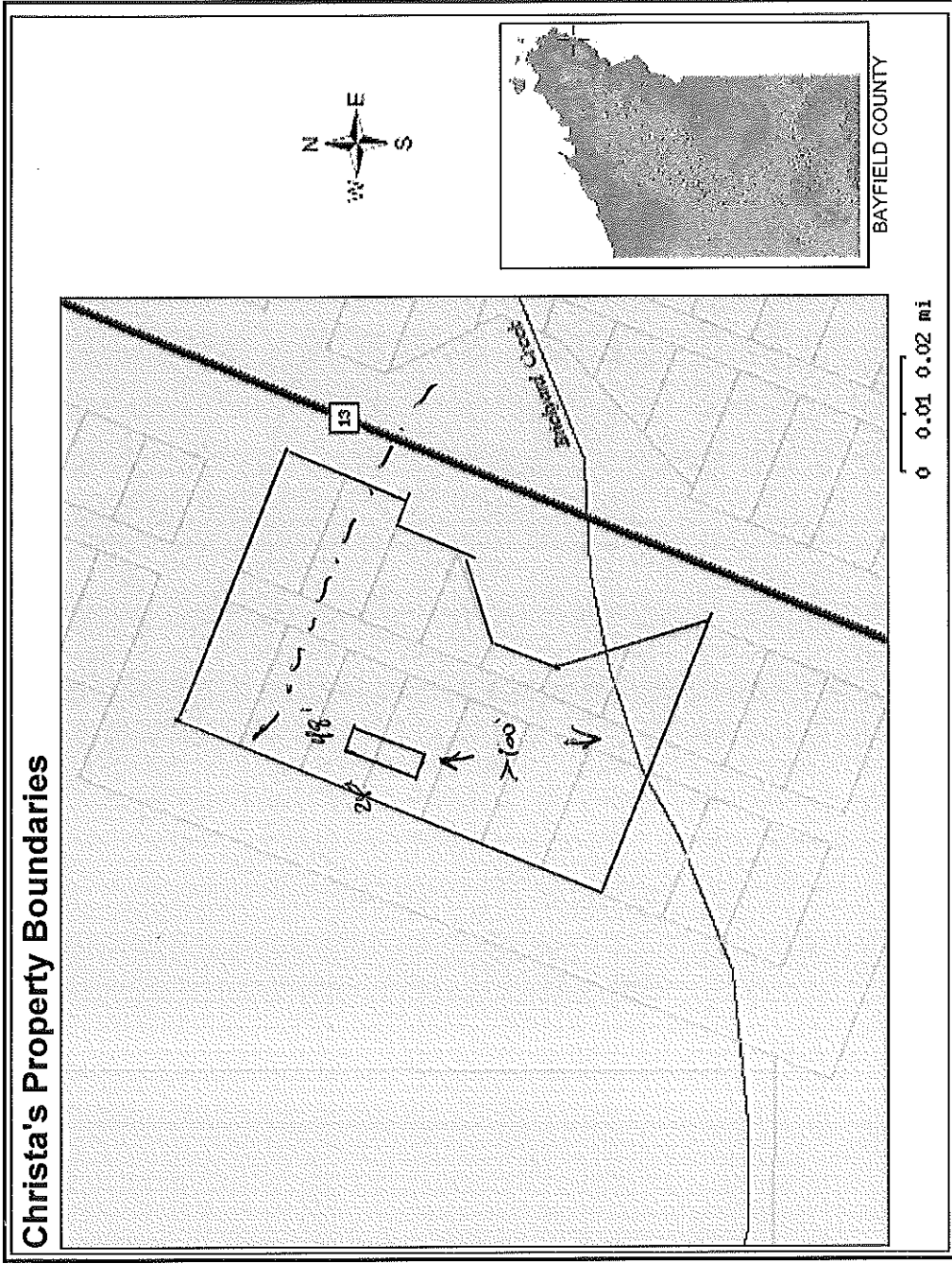
Reason for Denial: _____

Inspection Record: Temporary location of mobile home is permitted by owner - is permittable w/ conditions permit may be issued By DDC Date of inspection 10-16-09

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

Condition: Structure cannot be used for bulk storage or utility storage until structure placement is permitted. Structure must be removed by owner if, 2010 address owner obtains the required permits for either an extension or permanent placement.

Signed [Signature] Inspector
Date of Approval 10-19-09



pl's All Surveypd 16' x 74'

200' +/- E OF SH# 13

All pl's Flagged

As Flagged + Flagged

> 50' to south

100' + to BRICKYARD CREEK

> 50' to NORTH

10' to INTERMEDIATE STREAM.