

Not Entered

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

JUL 19 2010

Application No: 10-0267
Date: _____
Zoning District A-1 / NO USES
Amount Paid: 78.- 7/19/10 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.

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

Use Tax Statement for Legal Description N 1/4 of NW 1/4 North, Range 24 West, Town of Bayfield

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

Volume _____ Page _____ of Deeds Parcel I.D. 24-006-2-50-24-10-1-03-000-12000

Property Owner Lester Julie & Mathewson Bruce Contractor Ted Galazun (Phone) 715-209-1236

Address of Property 34785 Fire Tower Rd. Plumber _____

Bayfield, WI 54814 Telephone 779-3466 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No if yes. _____ Written Authorization Attached: Yes No

Structure: New Addition Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value \$26,000.00 Square Footage 2254 Basement: Yes No Number of Stories 2

USE: _____ Sanitary: New _____ Existing Privy _____ City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____

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) Denner With gable Special/Conditional Use (explain) _____

Residential Accessory Building (explain) To A-1ed Roof External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) John Mathewson Date 7/19/2010

Address to send permit 34785 Firetower Rd, Bayfield, WI 54814 ATACH

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

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7/29/10 Permit Number 10-0267 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: No change in footprint, but alterations of no nature of bedrooms

Permit may be used By DC Date of inspection 7-26-10

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

Condition: _____

Signature _____ Inspector _____

ONE - RESIST + GIVE UP TO RESIST Signed [Signature] Date of Approval 7-26-10

NON-SHORELAND ZONE Rec'd for Issuance _____

JUL 28, 2010

Secretarial Staff

34785 Fire Tower Rd, Bayfield, WI

N ½ NW NE 127

The South roof has a dormer with a gable roof. The gable roof will be changed to have a shed roof instead. Also South hip will be reframed into a gable roof. Martinsen/Casper owns all of the land in the photo below so setbacks will not be an issue.



Re-Exterior
Structure