



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

JUL 19 2010

Application No: 10-0348  
 Date: \_\_\_\_\_  
 Zoning District: F-60/CLASS I  
 Amount Paid: 175.-  
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

Legal Description 2 Lot 2 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Volume 242 Page 542 of Deeds Parcel I.D. 04-006-2-50-04-12-4 05-002-60000  
 Gov'l Lot \_\_\_\_\_ Township 50 North, Range 04 West, Town of Bayfield  
 CSM # \_\_\_\_\_ Acreage 5.584

Property Owner Malcolm McLean  
 Address of Property 86030 E. Lynde Ave.  
Bayfield, WI 54814  
 Telephone (51-291-8057) (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing   
 Fair Market Value 125,000 Square Footage 1,200  
 USE:  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch 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) SHORT TERM RESIDENT RECORDED  
 \* External Improvements to Principal Building (explain) \_\_\_\_\_  
 \* External Improvements to Accessory Building (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 zoning 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 7-6-10  
 Address to send permit 225 E. Lynde Ave. Bayfield, WI 54814 ATTACH

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

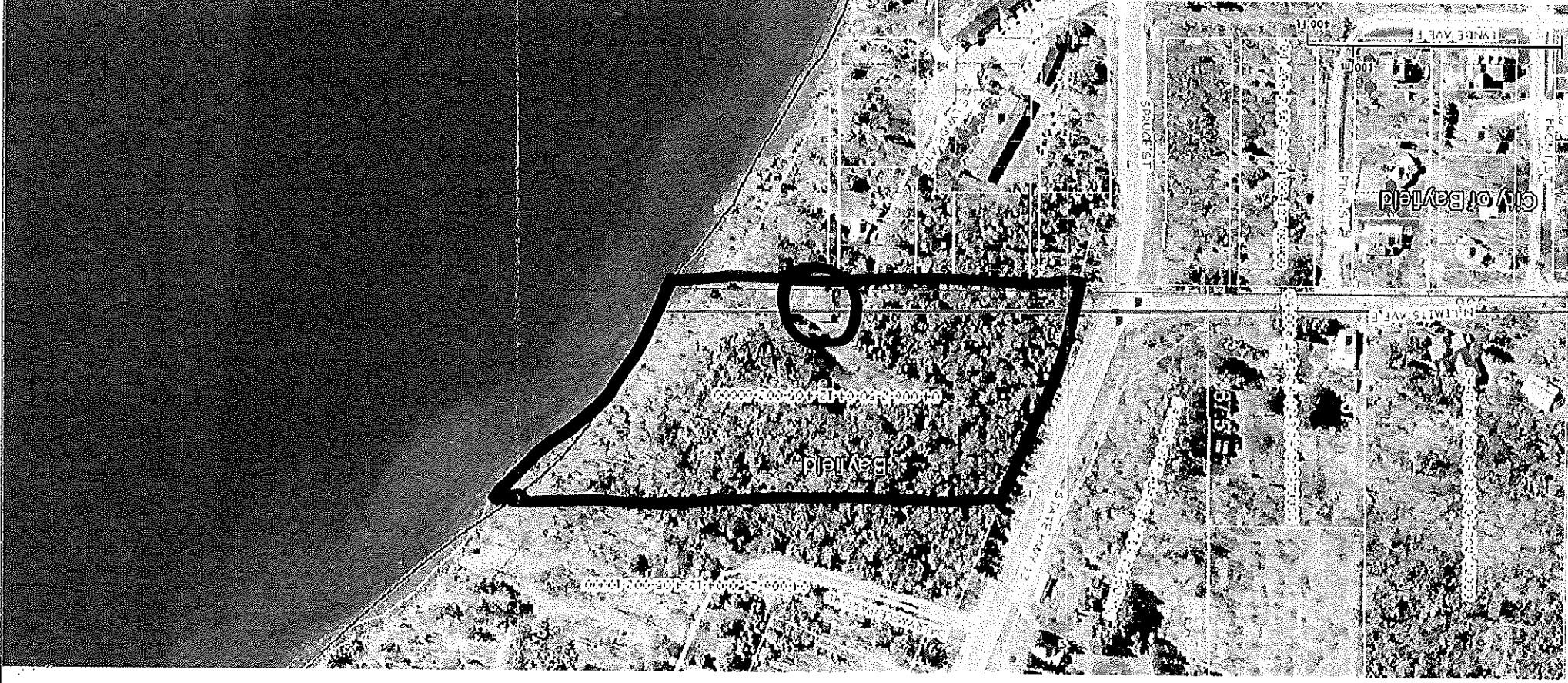
APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number 10971 Date 11/7  
 Date 9-7-10 Permit Number 10-0348 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: PRE EXISTING RESIDENTIAL STRUCTURE, > 75' FROM CREEK OR LAKE  
PRE EXISTING RENTZ By DDC Date of Inspection 7-26-10  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: A FOREST CANOPY PERMIT FROM THE BAYFIELD COUNTY AERIAL DEPARTMENT IS ALSO REQUIRED TO OBTAIN.  
SINCE THE EXISTING WASTEWATER TREATMENT SYSTEM HAS BEEN DESIGNED FOR ALSO (2) BEDROOMS, THE  
PERMIT IS BEING  
 Signed [Signature] Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

~~6-26-2010~~ ~~10-0348~~ ~~PERMIT~~ NUMBER FULL-TIME OCCUPANTS MAY NOT EXCEED FOUR (4) PERSONS.

# Flex Viewer

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