

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

NOV 08 2010

Application No. 10-0478
 Date: _____
 Zoning District F-1B / CLASS 1
 Amount Paid: 100
11/12/10 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 _____ 1/4 of _____ 23 Township Bayshore Heights CSM# _____ North, Range 4 West, Town of BAYFIELD

Gov't Lot 13 Block _____ of Deeds _____ Acreage _____

Volume _____ Page _____ Parcel I.D. 04-006-2.50-cpl-23-3 00-129-14000

Property Owner DENNIS & BARBARA McCANN Contractor GREG CARLIER (Phone) 719-5672-

Address of Property 35305 CHEQUAMEGON RD Plumber _____

BAYFIELD WI 54814 Authorized Agent Greg Carlier (Phone) 209 0483

Telephone 7157790202 (Home) 608-5775529 cell

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

Structure: New Addition _____ Existing _____

Fair Market Value 150,000 Square Footage 300 R² - Y

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) Stairway to Lake

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) Dennis McCann Date 9-15-10

Address to send permit 35305 Chequamegon Rd, Bayfield WI 54814 ATTACH

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

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 11/23/10 Permit Number 10-0478 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Due to steep hillside or bluff a stormwater system is required for the cross
photos taken
for drainage representations — Permit may be issued By DDC Date of Inspection 11-15-10

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

Condition: Landings may not exceed 4 sq. ft

No waterborne view corridors present Signed [Signature] Inspector

Date of Approval 11-15-10

Rec'd for Issuance

Photos taken of site

NOV 22 2010

Secretarial Staff

