

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 28 2010

ATF

Application No.: 10-0492
 Date: _____
 Zoning District: A-1 (Ages 3)
 Amount Paid: \$75-
75-ATF
\$150 12/8/10 *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 Section 1/4 of 1/4 of Section 1 Township 50N North, Range 04 West, Town of Bayfield
Bayfield Peninsula Fruit Lands Co. Plat
 Gov't Lot 2 Lot 2 Block _____ Subdivision _____ CSM # _____ Acreage 11.90

Volume 805 Page 83 of Deeds Parcel I.D. 04-006-2-50-04-01-1 00-128-03000

Property Owner Gray Reception Contractor _____ (Phone) _____

Address of Property Wwy Co. J Bayfield, WI Plumber _____ (Phone) _____

Telephone 715-779-3138 (Home) _____ Written Authorization Attached: Yes No (Work) _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes.
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New _____ Addition Existing _____
 Fair Market Value \$16000.- Square Footage 1300

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

Residence sq. ft. _____

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

Residence sq. ft. _____

Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____

Deck sq. ft. _____

Deck(2) sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____

Residential Addition / Alteration (explain) Freezer/Cooler

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) this is redundant

Residential Other (explain) _____

External Improvements to Accessory Building (explain) _____

External Improvements to Principal Building (explain) _____

Commercial Principal Building Addition (explain) Freezer/Cooler

Commercial Accessory Building Addition (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) _____

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) Gray Reception Date 10-27-10

Address to send permit PO Box 742 Bayfield WI 54814 ATTACH _____

* 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 12/9/10 Permit Number 10-0492 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: As per Structural Stability & Conditions Report to meet applicable Code Requirements

Dr. Robert Wray Dr. Susan D. By DDC Date of Inspection 12-8-10/12-7-10

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

Condition: _____

Signed [Signature] Date 12-3-10/12-7-10

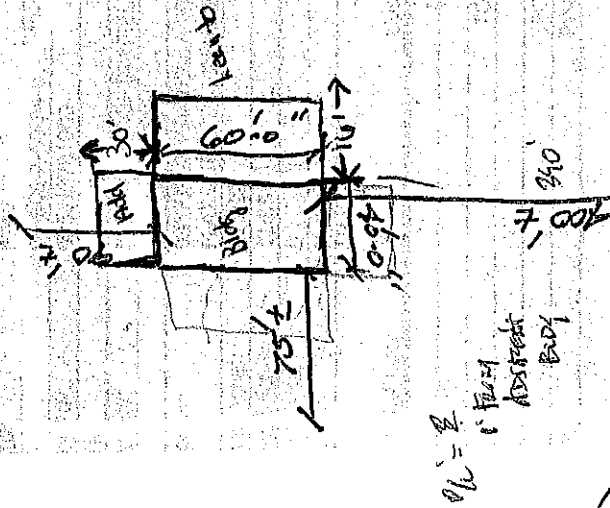
Inspector _____ Date of Approval _____

ATF. Resolution Fee 75.00 - 150 Rec'd for Issuance _____

DEC 8 2010

Secretarial Staff

610' to Boundary of Area



NOTE - PWD SITE USE DEFINED AT DISCRETION

Query Results

Parcel Owner	Legal Description
CRAIG W AND BILLIE L HOOPMAN PO BOX 742 BAYFIELD WI 54814	BAYFIELD PENINSULA FRUIT LANDS CO PLAT LOT 2 17A IN V.805 P.83
Location	History
Section 01, Town 50 N, Range 04 W	467110
New PIN	Old PIN
04-006-2-50-04-01-1 00-128-02000	006113701000
Land Value	Total Acres
35800.00000	11.53100
Improvement Value	
0.00000	