

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

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 Section 1 Township 50N North Range 04 West Town of Bayfield
 Gov't Lot 2 Block Subdivision Bayfield Peninsula Fruit Lands Co. Plat Acreage 11.92
 Volume 805 Page 83 of Deeds Parcel I.D. 04-006-2-50-04-01-60-1a8-0a00

Property Owner Craig Thompson Contractor _____ (Phone) _____
 Address of Property 1141 Co. J. Bayfield WI Plumber _____
 Authorized Agent _____ (Phone) _____

Telephone 715-714-3438 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No **if yes.**
 Written Authorization Attached: Yes No

Structure: New Addition Existing
 Fair Market Value \$200,000 Square Footage 960

- 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) lean-to Addition
 - Residential Accessory Building (explain) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential 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) Craig Thompson Date 10-27-10
 Address to send permit PO Box 742, Bayfield WI 54814

* See Notice on Back

Copy of Tax Statement or

ATTACH

(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 10-0491 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: As Approved by the Bayfield County Planning & Zoning Committee on October 4, 2010
Residential Structure By DK Date of Inspection 12-7-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

A.T.F. RESIDENTIAL FEE \$75 + V

Signed [Signature]
 Inspector

Date of Approval

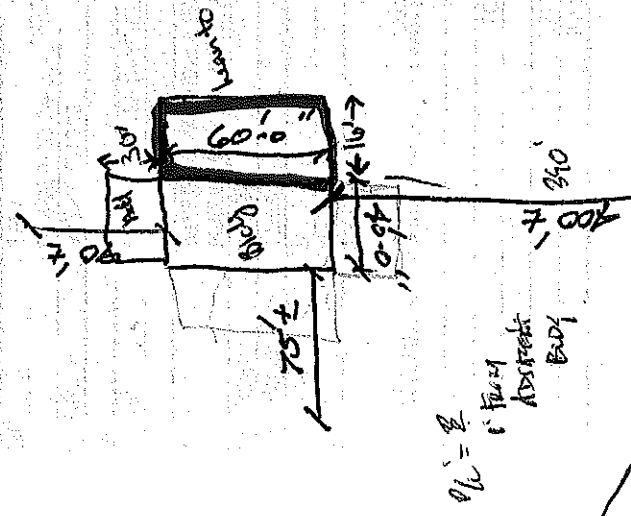
Rec'd for Issuance

12-7-10

DEC 8 2010

Secretarial Staff

110' to Boundary Creek



NOTE - BOD' SITE WEL DEFINED AT INTERSECTION

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	