

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
 MAY 24 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0144
 Date: 6-1-11
 Zoning District: R-48
 Amount Paid: \$75.00 POS
5/24/11

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 Part of SW 1/4 of SW 1/4 of Section 27 2d Township 50 North, Range 4 West Town of Bayfield
 CSM # _____ Acreage 29.350

Gov't Lot 1 Lot _____ Block _____ Subdivision _____
 Volume 67D Page 35D of Deeds Parcel I.D. 64-006 2-50-04 22-3-03-000-10000
 Property Owner The Alkeian House LLC Contractor E. Coburn & Grange (Phoe) (218) 729-506

Address of Property 84100 Hatcherberg Rd Plumber Ed Wroblewski
Bayfield, WI 54814 Authorized Agent David Mickelson (Phone) (218) 729-5106

Telephone (715) 721-3338 (Home) (same) (Work) Written Authorization Attached: Yes No

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 21 878 Square Footage 896
 Type of Septic/Sanitary System concrete

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Garage sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____

Residential Addition / Alteration (explain) 28' x 32' detached
 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) [Signature] Date May 24, 2011

Address to send permit 84100 Hatcherberg Rd, Bayfield, WI 54814 ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 6-1-11 Permit Number 11-0144 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Question regarding customer's AS requested by other applicant to the city
Amount to permit map By DC Date of Inspection 5-21-11

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

ONE DENIAL TO MISS FOR SHE MAP Signed [Signature] Date of Approval 5-21-11
NEW SHEET / OMBM ASSET Inspector _____

