

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**  
 JUN 01 2011  
 Bayfield Co. Zoning Dept.

Application No.: 11-0179  
 Date: 6-20-11  
 Zoning District: R-101  
 Amount Paid: \$2300.00 POS  
6/12/11

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 1/4 of 1/4 of Section 98 Township 50 North, Range 4 West, Town of BAYFIELD

Gov't Lot 4 Lot 9 Block \_\_\_\_\_ Subdivision BAY SHORE HEIGHTS CSM # \_\_\_\_\_ Acreage \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel ID: 01-000-2-50-04-23-3 00-129-10000

Property Owner KURT + JEAN CAMPBELL Contractor Tom Brown (Phone) 715-682-5037

Address of Property LOT 9 BAYSHORE HEIGHTS Plumber BROWN PUMPS & HEATING

BAY FIELD WI 54814 Authorized Agent Tom Brown (Phone) 715-682-5037

Telephone (715) 611-3592 (Home) 713 397-884 (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 \_\_\_\_\_ Number of Stories 2

Fair Market Value 900,000.00 Square Footage 3352 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy  City

USE: Type of Septic/Sanitary System City

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_

\* Residence wide/deck-porch (# of bedrooms) \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. 50 (X) Porch sq. ft. 64 (X) Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. 508 (X) Deck(2) sq. ft. 100 sq ft Commercial Accessory Building Addition (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) 3 Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. 3352 Garage sq. ft. 808 (X) Special/Conditional Use (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_ External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_ External Improvements to 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) Jan Brown Date 5-31-11

Address to send permit 102 3RD ST W STS 102 ATTACH

PSHAWD WI 54804 Copy of Tax Statement or

\* 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 City Date \_\_\_\_\_

Date 6-20-11 Permit Number 11-0179 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: QUESTIONS/CONDITIONS AS REPRESENTED BY OWNER/INSPECTOR MUST BE CORRECTED UNDER CODE REQUIREMENTS!

NO PERMIT WOULD BE ISSUED. By DK Date of Inspection 6-10-11

Mitigation Plan Required: Yes  No  (Note) Variance (B.O.A.) # \_\_\_\_\_

Condition: A 30' TOWER ABOVE GROUND MUST BE INSTALLED WITHIN THE PROPERTY BOUNDARIES AND INSPECTION MUST BE COMPLETED PRIOR TO THE START OF CONSTRUCTION.

ALL THIS GROUND MUST BE 35' WIDE.

Signed DK Date of Approval 6-10-11

Inspector \_\_\_\_\_

Can't find dimensions?