

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
 AUG 08 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0303
 Date: 8/30/11
 Zoning District: A-C-1
 Amount Paid: \$75.00 PD5
 8/8/11

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 SW 1/4 of SW 1/4 of Section 16 Township 52 North, Range 5 West, Town of Bayfield

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.0

Volume 904 Page 148 of Deeds Parcel I.D. 04-006-2-50-05-16-3 03-000-30000

Property Owner Thomas J. Gordon Sr Contractor SELF (Phone) _____

Address of Property 27050 Star Route Plumber NA (Phone) _____

Bayfield, WI 54814 Authorized Agent NA (Phone) _____

Telephone 715-779-3130(Home) None (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 _____ Basement: Yes No _____ Number of Stories 2

Fair Market Value 2000.00 Square Footage 1800 USE: Sanitary: New _____ Existing Privy _____ City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System Cistern/Tank

Residence sq. ft. _____ Mobile Home (manufactured date) _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

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

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____

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

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) Thomas J. Gordon Date 8/11/11

Address to send permit 27050 Star Route, Bayfield WI 54814 ATTACH

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 881 48721 Date 1981

Date 8/30/11 Permit Number 11-0303 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Plaintiff Serves/Casualties As Represented By owner Appears to be OK

Amount \$ 00 Result Any Or By DR Date of Inspection 8-21-11

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

Condition: _____

Order Amount Recd for Issuance Signed [Signature] Inspector Date of Approval 8-15-11

Perms ← AUG 30 2011

Secretarial Staff



