

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
 AUG 01 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0369
 Date: 10-5-11
 Zoning District: KC-1
 Amount Paid: \$175.00 BDS
8/4/11

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 SHORT TERM RENTAL 1 UNIT
 Legal Description Part of 1/2 of NW 1/4 of Section 12 Township 50 North, Range 4 West, Town of BAYFIELD
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # 1081 Acreage 4.54
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 06-006-2-50-06-12-3 02.000-20000
 Property Owner FRANK + JOAN FLEMING Contractor _____ (Phone) _____
 Address of Property 6455 MEYERS-OLSON ROAD Pumber _____
BAYFIELD WI 54814 Authorized Agent _____ (Phone) _____
 Telephone 715 779 3967 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If Yes, _____
 Structure: New _____ Addition _____ Existing
 Fair Market Value 180,000 +/- Square Footage _____
 USE:
 * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Deck(2) sq. ft. _____
 Residential Addition / Alteration (explain) _____
 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) Frank Fleming Date 8-2-2011
 Address to send permit 6455 Meyers Olson Road ATTACH
BAYFIELD WI 54814 Copy of Tax Statement or
 * 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 N-735 Date 8-8-11
 Date 10-5-11 Permit Number 11-0369 Permit Denied (Date) _____
 Reason for Denial: Not started
 Inspection Record: Permitting Authority issues stickers, TSA received by all contractors, appropriate permits
 Not-Compliant Items _____ By DC Date of Inspection 8-11-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Permits & stickers for permits for a tourist resort house and administered through the Bayfield County Dept. Health
Challenging results of tests
Permits & stickers
 Signed [Signature] Inspector [Signature] Date 8-11-11
Record for Issuance Approval
OCT 5 2011

A third party system must be installed by October 1, 2011. Secretarial Staff

TOWN BOARD RECOMMENDATION - (CLASS A)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.org

www.bayfieldcounty.org

Date Zoning Received: June 23 2011 (Stamp)
Bayfield Co. Zoning Dept.

Property Owner(s) is/are responsible to give this form to the Town Planning Commission and the Town Clerk Note: Planning Commission meets prior to the Town. This is a Class A special use request. [Attach a copy of your application-front and back]. The Town will forward their recommendation to the Planning and Zoning Department.

Property Owner FRANK R. EINSLINGER Contractor

Property Address 86455 NEYERS-OLSON ROAD Authorized Agent

Telephone 715 779 3967 Agent's Telephone

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

1/4 of S4 1/4, Section 12, Township 50 N., Range R. W. Town of BAYFIELD

Govt. Lot 23 Block 12 Subdivision 50 N. CSM# 1081

Volume 777 Page 574 of Deeds Parcel ID# 04-006-2-50-04-123-02002000 Acreage 4.54

Additional Legal Description: _____

Applicant: (State what you are asking for) _____ Zoning District: AG-1

OPEN TO SHOP TEAM RENTAL

We, the Town Board, TOWN OF BAYFIELD, do hereby recommend to

Table Approval Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: Yes No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

CONSISTENT WITH LAND USE PLAN & OTHER USES IN AREA

** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax

**** NOTE:**

Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your permit card(s) from the Planning and Zoning Department.

Signed: _____

Chairman: Norman J. Linder

Supervisor: Ken Smith

Supervisor: Michelle Allen

Clerk: Shelby

Date: 6-20-2011