

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

Bayfield Co. Zoning Dept.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 SEP 26 2011

Application No.: 11-0370
 Date: 10/6/11
 Zoning District: R-284 C455
 Amount Paid: \$90 9/27/11
cash

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 22 Township 50 North, Range 4 West, Town of Bayfield
 Gov'l Lot 1 & 2 Lot 4&5 Block --- Subdivision Port Super CSM # --- Acreage 3.8

Volume 980 Page 796 of Deeds Parcel ID: 04-006-2-50-04-22-4-257-04000 Shores

Property Owner: Beth R. Gali Trust Contractor: Carrier Const. (Phone) 715-779-5672
 Address of Property: 34855 Chequamegon Rd. Plumber _____

Telephone: Bayfield, WI Authorized Agent: Carrier Const. (Phone) 715-779-5672
 (Home) _____ (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 1
 Fair Market Value: \$39,000 Square Footage 1124 Sanitary: New _____ Existing _____ Privy _____ City W
 USE: _____ Type of Septic/Sanitary System: Public (Port Superior Sanitary Dist.)

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____
 Residence sq. ft. _____ 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. _____ Commercial Accessory Building Addition (explain) _____
 Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) Change w/attached External Improvements to Accessory Building (explain) _____
34x26 w/attached 8x8

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) See Attached Agent's Date 9/26/11
 Address to send permit: 34780 S County Hwy J Bayfield 54814 ATTACH
 * 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 _____ Date _____
 Date 10/6/11 Permit Number 11-0370 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Probes notions & voids as tolerated by agent alerts sanitars
Structure Code Parameters By DOC Date of Inspection 10-5-11

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

ADVISOR: USP Agency Determined Signed: [Signature] ID: 5-11
to be non-nuisance due to road Inspector/Rec'd for Issuance: _____ Date of Approval: _____
Characteristics of Structure OCT 5 2011

Secretarial Staff



Bob, Mick is working on this GCM
It's in the works
BT

NOTE:
LOTS 4+5 ARE BE COMBINED
INTO ONE GCM LOT.

PORT SUPERIOR SHORES

