

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 10 2011

Application No.: 11-0230
Date: 7-15-11
Zoning District: R-28/MS5.1
Amount Paid: \$175.00 (205)
6/10/11

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. 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 Unit (C)

Legal Description 1/4 of 33 1/4 of Section 33 Township 50 North, Range 4 West, Town of Bayfield
Gov'l Lot 3 Block 3 Subdivision CSM # 575 Acreage 1.12

Volume Page of Deeds Parcel I.D. 04-006-250-04-33-1 05-001-11000
Property Owner Jane Stansstad Contractor _____ (Phone) _____

Address of Property Highway 13, Fire # 82580 Plumber _____
Bayfield, WI 54814 Authorized Agent The Bayfield Inn (Phone) 715-779-3363

Telephone 612-756-4772 (Home) 715-425-9534 (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 K
Fair Market Value _____ Square Footage _____
Basement: Yes No Number of Stories 3
Sanitary: New Existing Privy _____ City _____
Type of Septic/Sanitary System #1

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Residence sq. ft. _____ Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- Commercial Principal Building _____
- Commercial Principal Building Addition (explain) _____
- Commercial Accessory Building (explain) _____
- Commercial Accessory Building Addition (explain) _____
- Commercial Other (explain) _____
- Special/Conditional Use (explain) Short Term Rental
- External Improvements to Principal Building (explain) _____
- External Improvements to Accessory Building (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) The Bayfield Inn Kon Misch Date 7-9-2011
Address to send permit PO Box 810 Bayfield, WI 54814 ATTACH _____

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

Permit Issued: State Sanitary Number 327391 Date 9/20/99
Date 7-15-11 Permit Number 11-0230 Permit Denied (Date) _____

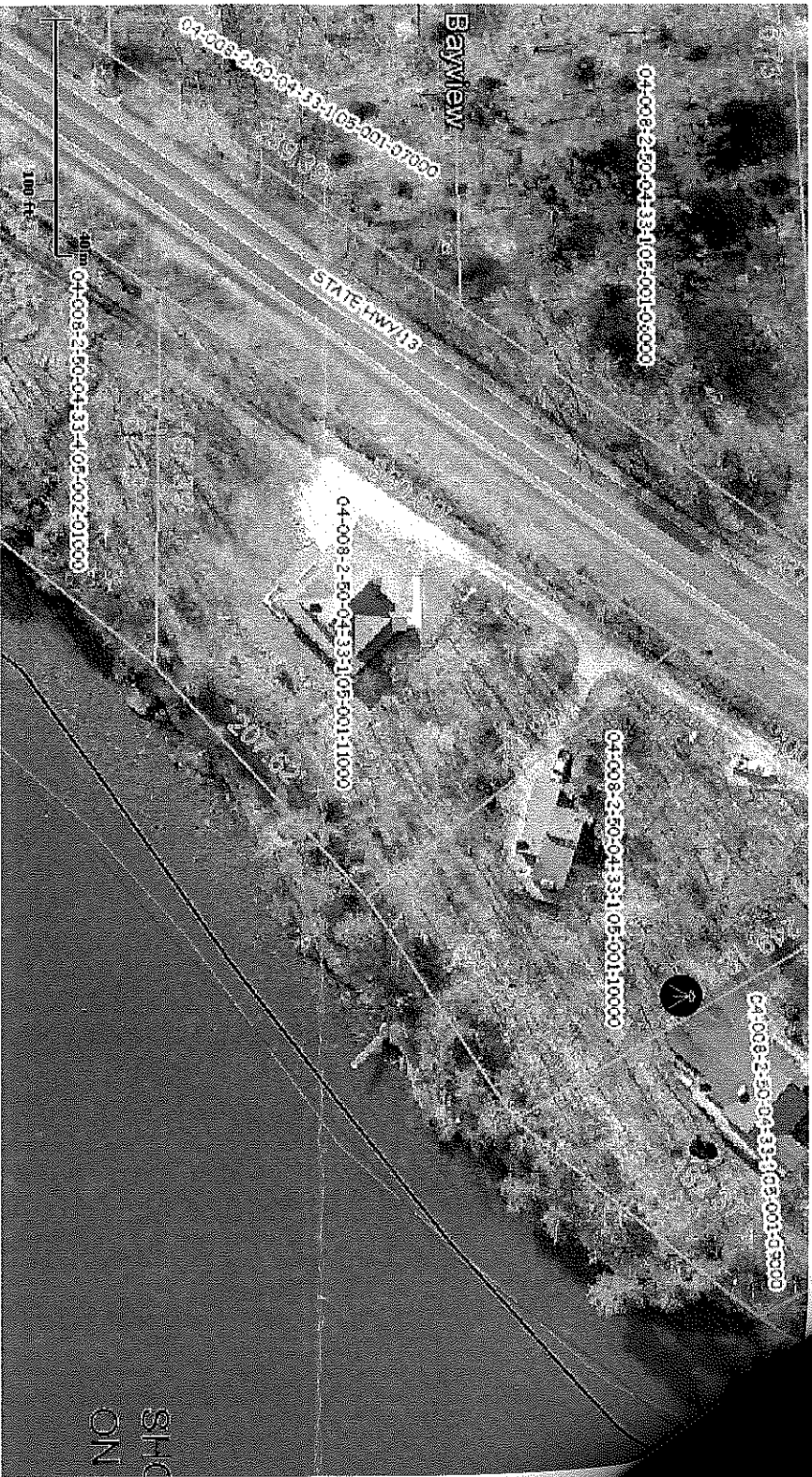
Reason for Denial: _____
Inspection Record: Existing is existing & compliance of ordinance & required road's liability waived
By DR Date of Inspection 6-20-11

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: This is intended use must also carry w/ the structure (suit requirements & regulations) and shall be approved the Bayfield body that determines those those).

Rec'd for Issuance JUL 15 2011
Signed DR Inspector _____
Date of Approval 6-20-11
Secretarial Staff

ENTERED

Stamstad Parcel



© Copyright 2008 ESRI All rights reserved. Printed on Mon Jun 20 2011 08:32:29 AM.

HOODS ARE NEARBY SERVICES

ROADWAY MAINTAINED BY BAYVIEW