

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
 FEB 16 2011

Bayfield Co. Zoning Dept.

Application No: 12-0358
 Date: 9-14-12
 Zoning District: R-1/-
 Amount Paid: _____

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 NE 1/4 of SE 1/4 of Section 2 Township 50 North, Range 4 West, Town of BAYFIELD

Gov't Lot 1 Lot 1 Block _____ Subdivision _____ CSM # 1665 Acreage _____

Volume 10 Page 11 of Deeds Parcel I.D. 04-006-2-50-01-2-4 04-000-21000

Property Owner WAYNE NELSON Contractor _____ (Phone) _____

Address of Property 397 CEDAR, WI 54814 Plumber _____ (Phone) _____

Telephone 715-279-5251 (Home) 715-209-0795 (Work) Authorized Agent _____ (Phone) _____

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

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____
 Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____
 Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Residence sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____
 Garage sq. ft. _____ Special/Conditional Use (explain) home business and contractor's storage & worksh.

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) _____ Date 2/16/2011

Address to send permit 90. BOX 1282, 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 _____ Date _____

Date 9-14-12 Permit Number 12-0358 Permit Denied (Date) _____

Reason for Denial: None
 Inspection Report: ASIDE: 2' HIGH BARRIER MEETS REQUIREMENTS. PROVIDE FOR WALK OFF PROCESSED CURB AND CURBS OF ROADWAY, THIS IS BY DR
 Considered as Accessory Building By _____ Date of Inspection 4-8-11
 This Review (w/o Review) _____ Variance (B.O.A.) # _____

Mitigation Plan Required: Yes No

Condition: ASIDE TO FOCUS ROAD & 6" 2" SUBMITTEE CONSIDERATIONS

Rec'd for Issuance SEP 14 2012 Signed _____ Date of Approval 4.8.11
 Inspector _____

Secretarial Staff