

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**



Application No.: 10-0031
 Date: _____
 Zoning District: A-1/Class 3
 Amount Paid: \$250 Rev
175 TBA
11/13/09 mg

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 SE 1/4 of SE 1/4 of Section 27 Township 48 North, Range 5 West, Town of Backs Chop
 Gov't Lot 1035 Lot 1 Block 844 Subdivision _____ CSM # 1684 Acreage 7.28 8.47
 Volume 1029 Page 348 of Deeds _____ Parcel I.D. 04-002-2-48-05-27-4-04-000-12000

Property Owner Martin Haglund Contractor Campbell Const (Phone) _____
 Address of Property Ombassagon Road Plumber Blake Man Plumbing
Ashland WI 54806 Authorized Agent (Phone) _____

Telephone 715 682-8084 (Home) 292-2870 (Work)

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 2005 Addition _____ Existing _____
 Fair Market Value 55000 Square Footage 1749 1764
 USE: * Residence or Principal Structure (# of bedrooms) 3
 Basement: Yes No Number of Stories 1
 Sanitary: New Existing _____ Privy _____ City _____
 Type of Septic/Sanitary System holding tank

- * Residence sq. ft. 1749 1764
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck 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) _____
- 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) Martin Haglund Date 11-10-09

Address to send permit 71125 Ombassagon Rd Ashland WI 54806

Copy of Tax Statement of _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number 09-1678 Date 11/25/2009
 Date _____ Permit Number _____ Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Proposed residence stated as driveway being constructed @ time of insp. This is a new parcel, it does not meet the minimum acreage requirement of 800' and requires a certified survey to be done to verify its location. By Travis Taberly Date of Inspection 11/17/2009 + 11/23/2010 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Travis Taberly Inspector Date of Approval 3/03/2010
Rec'd for Issuance

