

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
PERMIT
 APR 20 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0210
 Date: 7-8-11
 Zoning District: A-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
 1/2 Legal Description SW 1/4 of SW 13 Township 48 North, Range 5 West, Town of Barksdale
 E 1/2 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10.05

Volume 860 Page 379 of Deeds Parcel I.D. 0400224905/330300010000

Property Owner William Gartz Contractor Joe Cervone (Phone) (715) 661-2222
 Address of Property 30240 Molander Rd. Plumber _____
Washburn WI 54891 Authorized Agent _____ (Phone) _____

Telephone (715) 209-1451 (Home) 373-2661 (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 47,000.00 Square Footage 422x40 Sanitary: New _____ Existing Privy _____ City _____

Type of Septic/Sanitary System HT
 Mobile Home (manufactured date) _____
 Commercial Principal Building: _____
 Commercial Principal Building Addition (explain) _____

Residence w/deck-porch (# of bedrooms) _____ 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) _____

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) X William Gartz Date 4-19-11
 Address to send permit 30240 Molander Rd Washburn WI 54891 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 _____ Date _____
 Date 7-8-11 Permit Number 11-0210 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: RESIDENTIAL W/CK ADJ Key, BPT for business CR AND AWARDS
Other Properties to Construct & By: DDC Date of Inspection 5-18-11

Mitigation Plan Required: Yes No
 Condition: Per P&L Committee & find recommendations (Test firing only between 8am-5pm)
6' berm be put in place prior to the insurance. A land use app file
will be required prior to construction of any structure.

Inspector _____ Date of Approval _____
See Wm's Memo Not Drafting structure at this time.

