

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

MAR 19 2009

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.

Application No: 09-0118 **ENTERED**
 Date: _____
 Zoning District: R-1, class 3
 Amount Paid: \$175 3/20/09
mg

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
 Legal Description: N 1/2 #4 of NW 1/4 of Section 27 Township 45 North, Range 5 West, Town of Lincoln
 Gov'l Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10.5
 Volume 716 Page 187 of Deeds 04-030-2-45-05-27-2 02-000-01000
 Property Owner Hansen, Jean M Parcel I.D. # 030105510, 000 Use Tax Statement for Legal Description
 Address of Property 28255 Marango River Rd Contractor _____ (Phone) _____
Mason, WI 54856 Plumber _____ (Phone) _____
 Telephone 715-765-4608 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition _____ Existing Square Footage _____
 Estimated Cost of Construction _____ Sanitary: New _____ Existing Privy _____ City _____
USE:

- * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
- * 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) _____
- Mobile Home (manufactured date) _____
- 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.

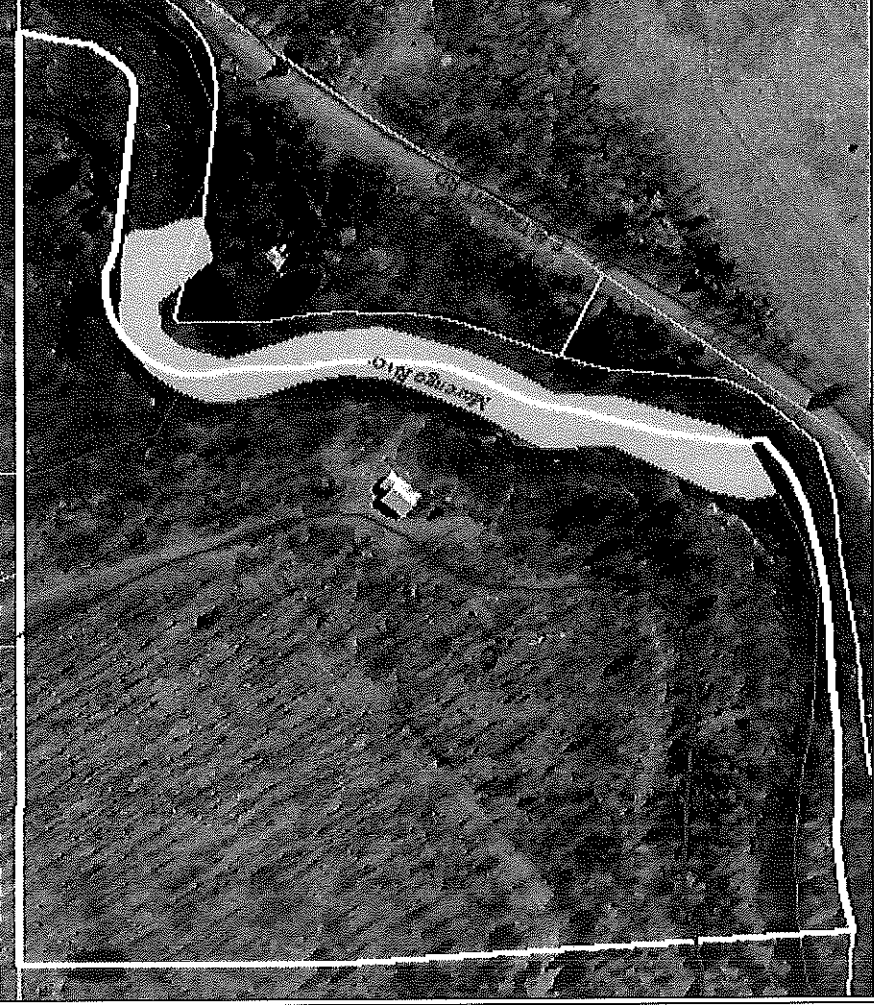
Owner or Authorized Agent (Signature) San Hansen Jean, Joseph D Jun Date 3-19-09
 Address to send permit 28280 E. Altament Rd, Masagon WI 54856 ATTACH Copy of Tax Statement
 * See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

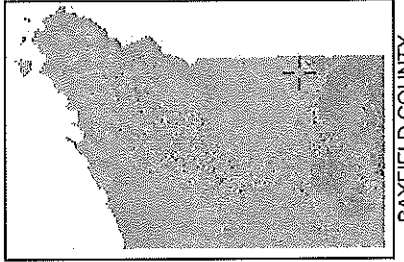
Permit issued: _____ State Sanitary Number _____ Date _____
 Date 5/1/09 Permit Number 09-0118 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structures are existing By M. Furtak Date of Inspection 3-17-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Michael Furtak Inspector Date of Approval 3-20-09
5/1
APR 11 2009
 Recd for Issuance

Secretarial Staff

Hansen/Zirn Aerial Map



0 0.01 0.02 mi



BAYFIELD COUNTY