

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
 AUG 25 2009

Application No.: 09-0385
 Date: F-1
 Zoning District: F-1
 Amount Paid: \$225
8/27/09
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 PARTIAL NW 1/4 of NE 1/4 of Section 26 Township 45 North, Range 05 West, Town of LINCOLN

Gov't Lot Lot Block Subdivision CSM # Acreage 1 OF 240

Volume 574 Page 13 of Deeds Parcel I.D. 04-030-2-45-05-26-1 02-000-20000

Property Owner JAMES B. + BONITA L. REILLY Contractor self (Phone)

Address of Property 29805 INDIAN LAKE ROAD Plumber

MASON, WI 54856 Authorized Agent (Phone)

Telephone *715-765-4799 (Home) 262-255-6187 (Work)

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New Addition Existing

Fair Market Value 75,000 Square Footage 650

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) GREAT ROOM

Residential Accessory Building (explain)

Residential Accessory Building Addition (explain)

Residential Other (explain)

Commercial Principal Building (explain)

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)

Owner or Authorized Agent (Signature) James B. Reilly Date 8/24/09

Address to send permit JAMES B. REILLY ATTACH

W148 NR334 ALBERT ALACE Copy of Tax Statement

MEMONONEE FALLS, WI 53051 (If you recently purchased the property

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 467324 Date 8/9/05

Date 9-1-09 Permit Number 09-0385 Permit Denied (Date)

Reason for Denial:

Inspection Record: Well started. Met with all stakeholders. Property lines per owners

representations By M. Furtak Date of Inspection 8-28-09

Mitigation Plan Required: Yes No Variance (B.O.A.) #

Condition:

Signed Michael Furtak Date of Approval 8-31-09

Recorder for Issuance

SEP 1, 2009

Sealed

GREAT ROOM
ADDITION
20' x 28'

FOYER
ENTRY
8' x 13'

↑ TO
DRAIN
FIELD

SEPTIC

30'
27'-11"

27'-11 1/2"

19'-4"
26'-7"

7'-3 1/2"

FOYER

12'-4"

FIREPLACE

BASEMENT
BATHROOM

EXISTING

HOME

37'

WELL

