



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

**DUPLICATED ORIGINAL
TAX STATEMENT**

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
NOV 14 2008

Application No: 08-0645
Date: _____
Zoning District F-4
Amount Paid: \$75 12/16/08
mg

INSTRUCTIONS: No permits will be issued until all fees are paid to Bayfield Co. Zoning Dept. 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 SW 1/4 of Section 34 Township 48 North, Range 09 West, Town of Oulu CSM # _____ Acreage 40.00

Gov't Lot _____ Block _____ Subdivision _____ Parcel I.D. 638-1011-03

Volume _____ Page _____ of Deeds _____
Property Owner Donald W. & Nancy Louban Wick Contractor SEF (Phone) _____
Address of Property 70008 Hooverline Rd Plumber _____
Fran River, WI Authorized Agent _____ (Phone) _____

Telephone 715 (Home) 715-258-6389 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____
Fair Market Value 3,000 Square Footage 288
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) 3-Season Shed
 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) Donald W. Wick Date November 17, 2008

Address to send permit E1351 Stratton Lake Rd; Washburn, WI 54981

* See Notice on Back ATTACH
Copy of Tax Statement or
(If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 12/16/08 Permit Number 08-0645 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SERVICES & SITE CONDITIONS AS REPRESENTED APPEAR TO MEET CODE REQUIREMENTS

* PERMIT MAY BE ISSUED By DDC Date of Inspection 11-14-08

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

Condition: STRUCTURE MAY NOT BE USED FOR INDEPENDENT BUSINESS OPERATION UNLESS ALL ZONING, SANITARY, & VISUAL OBSCURITY CODES ARE FULLY MET

Signed [Signature] Inspector N-14-08 Date of Approval _____