

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 15 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0088
 Date: 8/18/11
 Zoning District: F-1
 Amount Paid: 75-
818111444

ENTERED

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 SW 1/4 of SE 1/4 of S28 1/4 of Section 9 Township 48 North, Range 9 West, Town of OWLU
 Acreage 10.74

Gov't Lot 444 Lot 379 Block 48 Subdivision 48 CSM # 03-000-5000
 Volume 444 Page 379 of Deeds Parcel I.D. 48-030-2-48-09-09-4-03-000-5000

Property Owner James L. Julin Contractor Silven Creek Builders (Phone) 715-681-0667
 Address of Property 3620 Copper Hill Rd. Plumber _____
Iron River Wis. 54847 Authorized Agent _____ (Phone) _____

Telephone 651-429-5296 (Home) 715-372-8679 (Work) Cabin
 Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition Existing
 Fair Market Value 9300.00 Square Footage 1024 (32' x 32')
 USE: Residential or Principal Structure (# of bedrooms) _____
 Distance from Shoreline: greater than 75' 75 to 40' less than 40'

* Residence w/ Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 Basement: Yes No Number of Stories 1

* Residence w/ deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Sanitary: New Existing Privy City _____

* Residence w/ attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 Type of Septic/Sanitary System W/ Vent Stack
 Mobile Home (manufactured date) _____

Residential Addition / Alteration (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Accessory Building (explain) late bedroom
 Commercial Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (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) James L. Julin Date 8-16-2011
James L. Julin
 Address to send permit James Julin c/o Dave Kovacic ATTACH _____
3460 Copper Hill Rd. Copy of Tax Statement or _____
Iron River WI 54847 Attach a Copy of Recorded Deed _____

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 8/18/2011 Permit Number 11-00883 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Structure satisfactory/conditions as reviewed by other (inspect) appears to be good
Comment in the permit only to be issued by DR Date of inspection 8-11-11

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

Rec'd for Issuance AUG 19 2011
 Signed: [Signature] Inspector 8-16-11 Date of Approval
 Sec'etarial Staff

Julia Parcel



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Job: ~~ASBL~~ PRESENT
Chal STREED & ~~ASBL~~ MANAGED ALL OILS

COUNCIL
STONE