

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
 OCT 25 2011
 Bayfield Co. Zoning Dept.

Application No: 11-00077
 Date: 10/27/2011
 Zoning District: A-1
 Amount Paid: \$300 10/27/11 BWH

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 FEAR

Use Tax Statement for Legal Description

Legal Description NW 1/4 of NE 3/4 1/4 of Section 30 Township P2 North, Range 9 West, Town of Quil

Gov't Lot Lot Block Subdivision CSM # Acreage 40

Volume Page of Deeds Parcel I.D. 01-038-2-48-01-54-1 01-000-10000

Property Owner Jim & Rose Groe Contractor G&E (Phone)

Address of Property 4815 Bayfield Plumber (Phone)

Telephone 715 371 6756 (Home) (Work) Authorized Agent (Phone)

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 40000 Square Footage 180 ft² Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms) Type of Septic/Sanitary System dry

* Residence w/attached garage (# of bedrooms) Mobile Home (manufactured date)

* Residence or Principal Structure (# of bedrooms) Commercial Principal Building

* Residence w/deck-porch (# of bedrooms) Commercial Principal Building Addition (explain)

Residence sq. ft. Porch sq. ft. Commercial Accessory Building (explain)

Deck sq. ft. Deck(2) sq. ft. Commercial Accessory Building Addition (explain)

* Residence w/attached garage (# of bedrooms) Commercial Other (explain)

Residence sq. ft. Garage sq. ft. Special/Conditional Use (explain)

Residential Addition / Alteration (explain) External Improvements to Principal Building (explain)

Residential Accessory Building (explain) External Improvements to Accessory Building (explain)

Residential Accessory Building Addition (explain)

Residential Other (explain) Temporary Permit

OWNER OR AUTHORIZED AGENT (Signature) [Signature] Date 10-25-2011

Address to send permit AKME ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number Date

Date 10/27/2011 Permit Number 11-00077 Permit Denied (Date)

Reason for Denial:

Inspection Record: As Existing & Reinforced Concrete. Also Checked to be compliant

150 ft from this structure. By DRL Date of Inspection 10-25-11

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

Condition: UNDER THIS TEMPORARY PERMIT THE AS EXISTING STRUCTURE WOULD MEET THE

Reviewed by Carolyn 25, 2011 Signed [Signature] Inspector Date of Approval 10-25-11

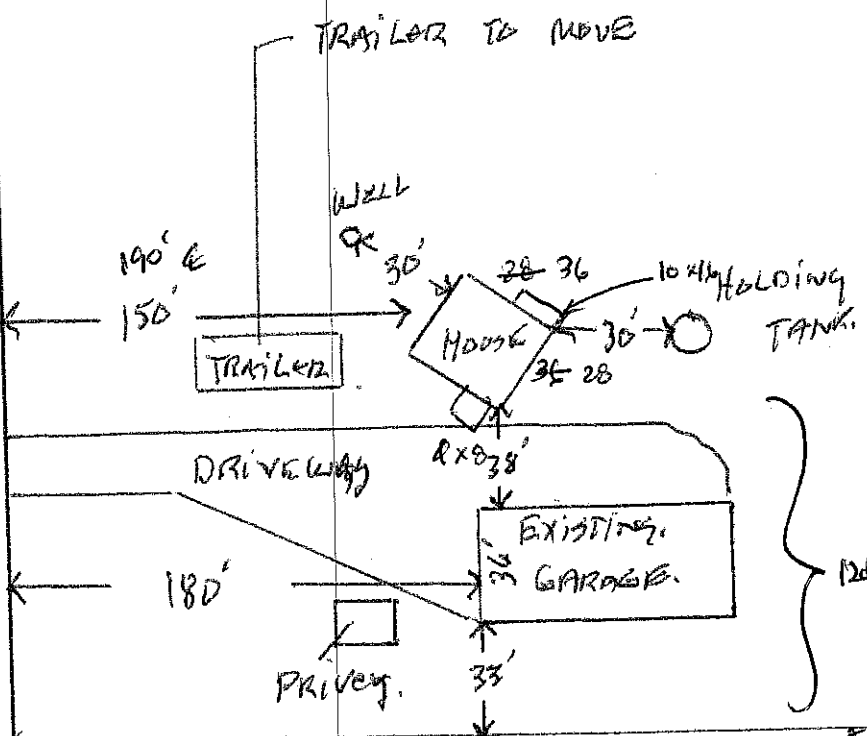
Rec'd for Issuance OCT 27 2011 Secretarial Staff

EASTVIEW RD.

N
←

1,320'

1,320'



1,320' FENCE LINE