

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

APR 14 2009  
 Bayfield Co. Zoning Dept.

ENTERED

Application No: 09-0088  
 Date: \_\_\_\_\_  
 Zoning District R-41  
 Amount Paid: \$75 4/14/09 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 1/4 of Section 29 Township 50 North, Range 8 West, Town of DW  
 Gov't Lot 16-18 Block 26 Subdivision First Add. 1st. SSM # Acreage .224  
 Volume 871 Page 623 of Deeds Parcel I.D. 042110110

Property Owner: Carrie Bailein Contractor Pete Granlund (Phone) \_\_\_\_\_  
 Address of Property 93100 Grand Ave Plumber \_\_\_\_\_  
Port Wing Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-774-3945 (Home) 28-244-5616 (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  if yes.  
 Structure: New  Addition  Existing \_\_\_\_\_  
 Fair Market Value 110,000 Square Footage 140

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) Rec Room  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OF 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) Carrie Bailein Date 4/14/09  
 Address to send permit 93100 Grand Ave Port Wing WI 54885 ATTACH  
 Copy of Tax Statement or Attach a Copy of Recorded Deed

\* See Notice on Back

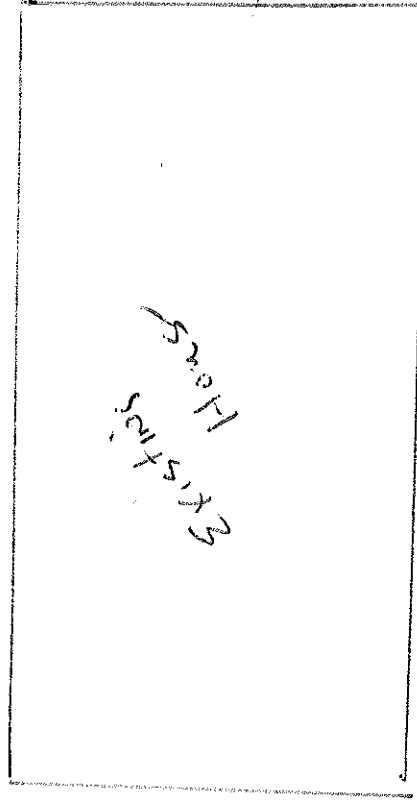
APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 4-22-09 Permit Number 09-0088 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structural Seaboard/conditions as represented by underpinners to be done  
compliant p.u. permit only By DDC Date of Inspection 4-20-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Signed [Signature] Date of Approval 4-20-09  
 Inspector [Signature] Rec'd for Issuance  
 Ordinal Permit Ordinary is up to Sanitary District.  
 90's IDENTIFIED APR 22, 2009 Secretarial Staff:

Town Street West



80'



3 Chickens  
Houses

22'  
22'

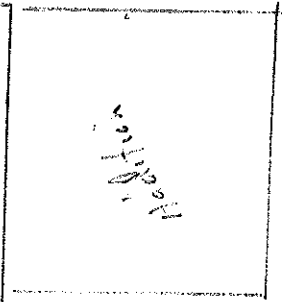
North  
18'



104'

31'

Outlet

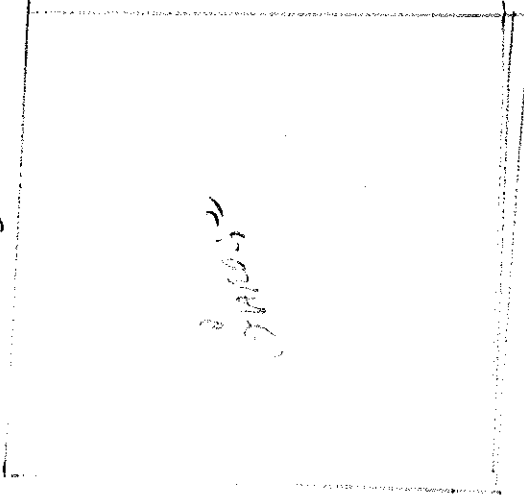


Pond

14'

14'

72'

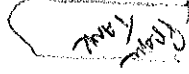


Garage

22'

65'

59'



Pond



ALLEY

