

**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**  
 NOV 09 2009

Application No.: 09-0580  
 Date: \_\_\_\_\_  
 Zoning District: R-1/C-C  
 Amount Paid: \$250 11/24/09  
\$25 mg  
pd 12/23/09 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 North 467' of the

Legal Description SW 1/4 of SE 1/4 of Section 29 Township 50 North, Range 8 West, Town of Port Wing

Gov't Lot -- Lot -- Block -- Subdivision part of 09-017-250-08-17-4 CSM # 09-00-2000 Acreage 17.4  
 Volume Page of Deeds Parcel I.D. 09-017-250-08-21-4 02-00-10000

Property Owner Town of Port Wing Contractor TBD, Public Bid (Phone) \_\_\_\_\_  
 Address of Property Pending Okechison Street Plumber TBD, Public Bid

Authorized Agent Jerome Fogel (Phone) 218.722.3915

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_

Structure: New  Addition Existing \_\_\_\_\_  
 Fair Market Value NO, 000 Square Footage 000  
 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) \_\_\_\_\_

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) X Jerome Fogel Date 11/4/09  
 Address to send permit P.O. Box 28

\* See Notice on Back ATTACH \_\_\_\_\_  
 Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 12/23/09 Permit Number 09-0580 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Structural Strengths/Conditions as Represented by Toss Arment to be Done Commercially  
Permit only to issue. By DKC Date of Inspection 11-12-09 / 11-30-09

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

Condition: \_\_\_\_\_

Signed [Signature] Inspector [Signature]  
 Date of Approval 11-12-09  
 Rec'd for Issuance \_\_\_\_\_

NOV 24 2009  
 DK Fogel's Professional Staff

Address Ap & Ok Nuts  
to Port Wg - CK. made over to zoning

