

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

MAR 04 2010
Sent 7:55

(Recd \$50
3-11-10)

Application No. 10-0039

Date:

Zoning District R-91-

Amount Paid: \$ 125 / 2 cts

3-11-10

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 50N North, Range 08W West, Town of Port Wing

Gov't Lot Lot 16+17 Block 8 Subdivision Port Wg. Prop. SSM # Acreage 0.57

Volume Page of Deeds Parcel I.D. of -042-2-50-08-24-4 60-24-1200

Property Owner Gary + Laurie Perkins Contractor Northland Bldgs (Phone) 715-395-5705

Address of Property Washington Ave Plumber N/A

Telephone 715-774-3803 (Home) N/A Authorized Agent (Phone)

Is your structure in a Shoreland Zone? Yes No If yes, Written Authorization Attached: Yes No

Structure: New Addition Existing Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value 17,000 Square Footage 1200 Basement: Yes No Number of Stories 2

USE: Sanitary: New Existing Privy City

* Residence or Principal Structure (# of bedrooms) 5014/4 Type of Septic/Sanitary System

Residence sq. ft. _____ Mobile Home (manufactured date) _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

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

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

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

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

Residential Other (explain) _____

Owner or Authorized Agent (Signature) _____ Date 3-4-2010

Address to send permit 83425 Washington Ave Port Wing WI 54805 ATTACH

* See Notice on Back 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 3-11-10 Permit Number 10-0039 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure Setback/Conditions as they are presented by the owner

Mean to be one carport By DR Date of Inspection 3-9-10

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

Condition: Structure may not be used for banks operation or as "living space".

Signed _____ Inspector _____

Date of Approval 3-9-10

Very satisfied of Block B3

OWNER OWNS lots 13-22 (10 lots)

