

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**

REC'D
 SEP 13 2010

Application No: 10-0385
 Date: _____
 Zoning District R-1
 Amount Paid: 75
9/17/10 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 _____ of Section 29 Township 50 North, Range 8 West, Town of Pfug

Gov't Lot 102224 Block 29 Subdivision _____ CSM # _____ Acreage -.224

Volume _____ Page _____ of Deeds Parcel I.D. 01-042-2-50-08-29-4-00-173-41000

Property Owner Steve Verbaue Contractor Self (Phone) _____

Address of Property Part WING WI 54865 Plumber _____ (Phone) _____

Telephone 715 774 3110 (Home) _____ (Work) _____

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 _____

Fair Market Value 5,000.00 Square Footage 360

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) EXPAND GARAGE

Residential Accessory Building Addition (explain) EXPAND GARAGE

Residential Other (explain) _____

Owner or Authorized Agent (Signature) [Signature] Date 9/10/10

Address to send permit 8775 7th St Port Wing, WI 54865 ATTACH

* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

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.

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9-23-10 Permit Number 10-0385 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SPACES/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE OK. COMPLAINT & CO. PERMIT MAY BE ISSUED By ME Date of Inspection 9-21-10

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

Condition: STRUCTURAL EXTENSIONS MUST BE AT LEAST 10 FEET FROM THE EDGE OF THE RUMED ASPX

See previous permits on 7th St Signed [Signature] Inspector [Signature] Date of Issuance 9-21-10

See previous permit on 7th St Verify foot of curb SEP 22 2010

Pennsylvania Ave

Hwy 13

Permit Applicant: Steve Verban
8775 7th St
Port Wing, WI
715-774-3110

