

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 16 2011
 Bayfield Co. Zoning Dept

Application No.: 11-0437
 Date: 12/1/11
 Zoning District: A-1 / RES SPECIAL
 Amount Paid: \$125 11/7/11

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.

Collection on existing tower

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER existing tower

Use Tax Statement for Legal Description
 Legal Description SE 1/4 of NW 25 1/4 of Section 25 Township 50 North, Range 8 West, Town of RA

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10 AC

Volume _____ Page _____ of Deeds Parcel I.D. 04-042-2-50-08-25-2 04-000-20000

Property Owner Bayfield County (owner) Contractor RTT (Phone) 847-870-8073

Address of Property 12300 Touve Road Plumber _____

Port Wing, WI 54844 Authorized Agent Jerry Stewart (Phone) 847-915-1122

Telephone 715-373-6113 (Home) _____ (Work) _____

Written Authorization Attached: Yes No

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

Fair Market Value \$0.00 Square Footage 322 sq ft. Sanitary: New _____ Existing _____ Privy _____ City _____

USE: Residence or Principal Structure (# of bedrooms) _____ 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 Accessory Building Addition (explain) Collection on existing tower w/ equipment shelter (15x08)

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) _____

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) Jerry Stewart Date 11/14/2011

Address to send permit 604 Lanford Street, Anderson, SC 29624 ATTACH _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: FOR OFFICE State Sanitary Number _____ Date _____

Date 12/1/11 Permit Number 11-0437 Permit Denied (Date) _____

Reason for Denial: Not Approved

Inspection Record: Permit Agency Communication & Tower Processed by Workers of Equipment

Review C.O.D. used for building by DDC Date of Inspection 11-22-11

Mitigation Plan Required: Yes No

Condition: _____ Variance (B.O.A.) # _____

Rec'd for Issuance DEC 1 2011

Ground mounted tower building Equipment structure > 100 ft²

Signed [Signature] Inspector Access Secretarial Staff 12/1 Date of Approval _____

Note - County has permit but please call property about tower & ground sheet by county's Consent

