



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 20 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0003T
Date: _____
Zoning District: A-1
Amount Paid: \$50.00 LOS
3/20/08

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 T&E
Legal Description: SE 1/4 of NW 1/4 of Section 31 Township 48 North, Range 08 West, Town of TRIPP
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40
Volume _____ Page _____ of Deeds Parcel I.D. # 048104406000 Use Tax Statement for Legal Description _____
Property Owner DAN BOURASSA Contractor _____ (Phone) _____

Address of Property 70580 RANGE LINE ROAD
IRON RIVER, WI 54847
Authorized Agent DAN STOKES (Phone) 218-724-1763

Telephone _____ (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____
Basement: Yes _____ No _____
Estimated Cost of Construction 10,000 Square Footage 1,424 Existing _____
USE: 208 Sanitary: New _____ Existing _____ City _____
Number of Stories _____

- * 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) TEMPORARY FOR 12,824' BUILDING
- 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 changed 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) [Signature] Date 4-4-08
Address to send permit (Address on check = 4191 W. Tischer Rd. Duluth 55803) Copy of Tax Statement ATTACH
If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 4/9/08 Permit Number 08-0003T Permit Denied (Date) _____
Reason for Denial: _____

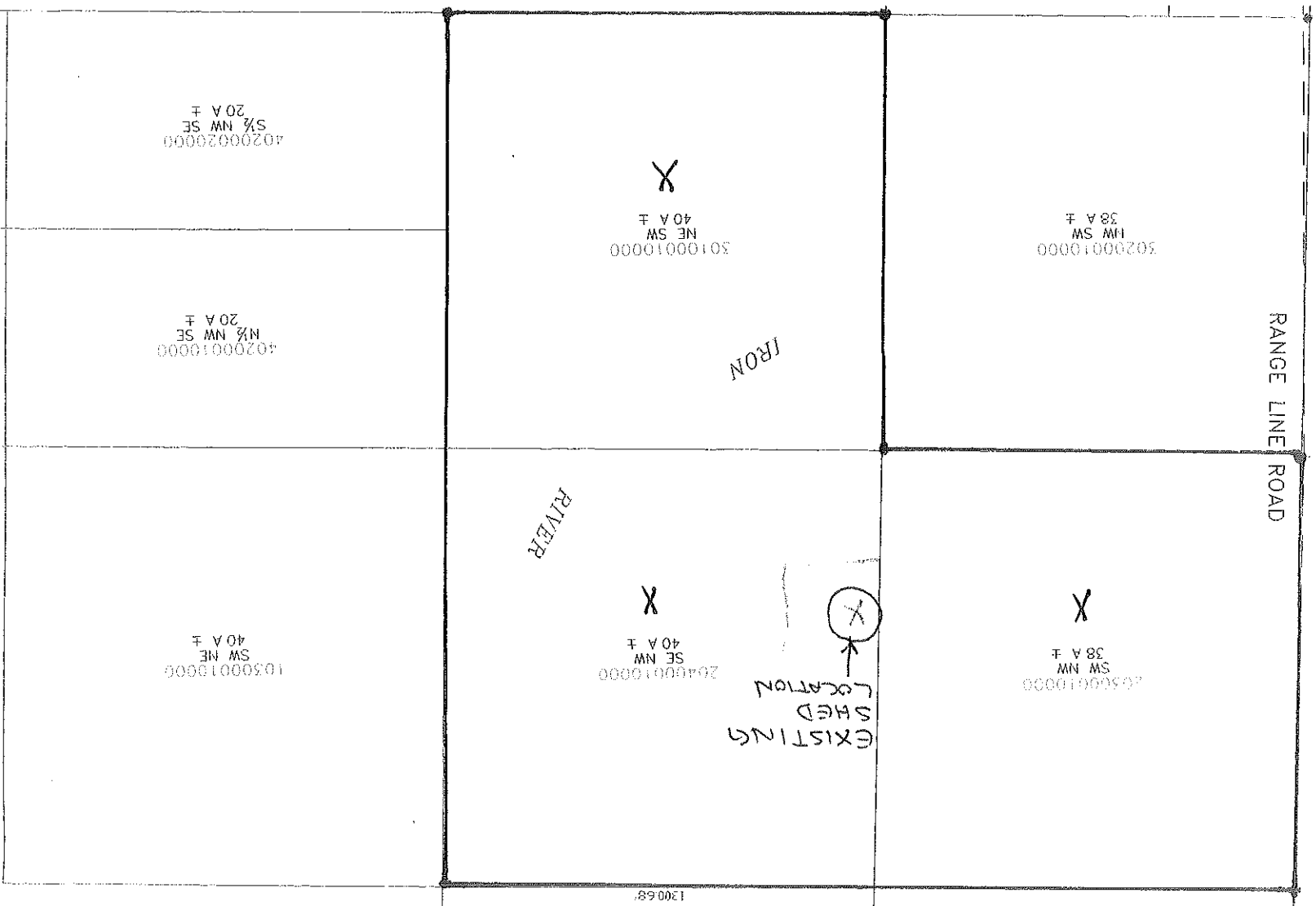
Inspection Record: PERMIT ISSUED SUBJECT TO CONDITIONS AS REPRESENTED BY GREAT HAVEN TO MEET ATTACHABLE CASES
IS PERMIT NOT BE ISSUED BY DC
By DC Date of Inspection 3-25-08
Variance (B.O.A.) # _____

Mitigation Plan Required: Yes No
Condition: STRUCTURE MUST BE REMOVED BY MARCH 25, 2009 OR EITHER A PERMIT OR REMOVAL AGREEMENT OR AN EXTENSION FOR A TEMPORARY USE MUST BE OBTAINED.

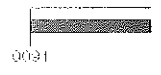
Structure may NOT be used for BUILDING SPACE OR HOLIDAY EXTENSION
Signed [Signature] Date of Approval 3-25-08
Inspector _____
Rec'd for Issuance

APR 09 2008

Secretarial Staff



SEE MAP 36458



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lined