

\$75.00

ENTERED

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

Application No. 08-0600
 Date: _____
 Zoning District A-1
 Amount Paid: \$75.00 PDS
10/20/08

DEEVE
 COURT 7 2008

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 NW 1/4 of NW 14 of Section 19 Township 48 North, Range 8 West, Town of Tripp
 Gov't Lot 2 Block _____ Subdivision _____ CSM # 1555 Acreage 10 acres
 Volume 9 Page 191-2 of Deeds Parcel I.D. 04-048-2-48-08-19-a-02-00-22000
 Property Owner Phil & Sandra Broderson Contractor OWNER (Phone) _____
 Address of Property 72850 Rangeline Rd. Plumber _____
IRON RIVER, WI 54847 Authorized Agent _____ (Phone) _____
 Telephone 715-774-3982 ~~ATTACHED~~

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 \$15,000 Square Footage 864
 USE: _____
 * Residence or Principal Structure (# of bedrooms) _____
 * 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) Garage
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Basement: Yes _____ No Number of Stories 1
 Sanitary: New _____ Existing _____ Privy _____ City _____
 Type of Septic/Sanitary System A-F
 Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

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.

Owner or Authorized Agent (Signature) Sandra Broderson Phillip Broderson Date 10-15-08
 Address to send permit P.O. Box 25, Port Wing, WI 54865

* See Notice on Back

ATTACH

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 07-1705 Date 2007
 Date 10/29/08 Permit Number 08-0600 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURE SEPTICS / ADDITION AS REPRESENTED BY OWNER APPEARS TO BE COMPLIANT & FAULT MAY BE ISSUED. By DOC Date of Inspection 10-22-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed [Signature] Inspector

Rate of Approval 10-27-08
 Rate of Reissuance _____
 OCT 29 2008

