

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

IF COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:  
Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

**R E C E I V E D**  
MAY 12 2009  
Bayfield Co. Zoning Dept.

Application No.: 09-0154  
Date: \_\_\_\_\_  
Zoning District: A-1/3  
Amount Paid: \$75 5/19/09  
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: SW 1/4 of SE 1/4 of Section 9 Township 48 North, Range 08 West, Town of Fripp  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. 04-048-2-48-08-09-4 CSM # \_\_\_\_\_ Acreage 40

Property Owner: Frank Lovejoy  
Address of Property: 9750 Fairview Rd  
Iron River, WI 54847  
Telephone: 715-372-5790 (Home) 715-372-5110 (Work)

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
Fair Market Value: \$ 1450.00 Square Footage 402 sq ft  
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) 400 sq ft Deck  
 Residential Accessory Building (explain) \_\_\_\_\_  
 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 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): Frank Lovejoy Date: 5-09-09

Address to send permit: 9750 Fairview Rd, Iron River, WI 54847  
\* See Notice on Back  
APPLICANT — PLEASE COMPLETE REVERSE SIDE  
Copy of Tax Statement or  
Attach a Copy of Recorded Deed

Permit issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date: 5/22/09 Permit Number: 09-0154 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Several Sanitary Conditions are represented by another permit to be completed & permit may be issued By: DL Date of Inspection: 5-15-09  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
Signed: [Signature] Inspector \_\_\_\_\_ Date of Approval: 5-15-09  
Rec'd for Issuance

Job Name: \_\_\_\_\_

Job No.: \_\_\_\_\_

Description: \_\_\_\_\_

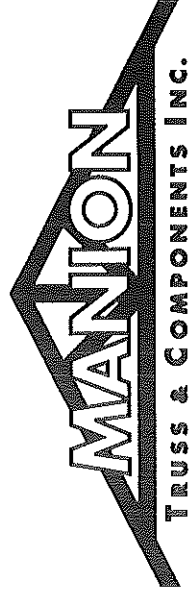
Cad Dwg.: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Sheet: \_\_\_\_\_

of \_\_\_\_\_



Bill Lindsey

