

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED

SEP 15 2009

Application No.: 09-0437
Date: _____
Zoning District: R-1 Cuss 1
Amount Paid: 75.9/09/09
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 _____

Legal Description: _____ 1/4 of Section 35 Township 48 North, Range 08 West, Town of Tripp

Gov't Lot 2 Lot _____ Block _____ Subdivision _____ Acreage 2.7
587 Tax ID 30535
Volume 287 Page 379 of Deeds Parcel I.D. # 04-048-2-48-08-35-3 Use Tax Statement for Legal Description _____

Property Owner Marvid E. & Marjorie J. Opren Contractor Jeff Opren (Phone) 218-570-4664
Address of Property 11315 N. Long Lake Rd Plumber _____
Trou River, WI 54847 Authorized Agent _____ (Phone) _____

Telephone 715-372-8431 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing Basement: Yes No _____ Number of Stories 2 1/2

Estimated Cost of Construction \$4,000.00 Square Footage 245 Sanitary: New _____ Existing City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
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 Other (explain) _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) Roof over part of Deck External Improvements to Principal Building (explain) _____
External Improvements to Accessory Building (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) Marjorie Opren Date 9/2/09
Address to send permit P.O. Box 280 Port Wing, WI 54865 ATTACH _____
Copy of Tax Statement _____

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 9/22/09 Permit Number 09-0437 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Seismic/Conditions as Presented by OWNER APPROX to DE CODE
COMPLIANT w/ DE PERMIT may be ISSUED By DC Date of Inspection 9-18-09
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed [Signature] Date of Approval 9-18-09
Inspector _____

Rec'd for Issuance

Verify Various Permits _____
CANCEL PRESENT _____
SEP 22 2009
Secretary Staff

