

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
 MAY 10 2010

Application No: 10-0142
 Date: _____
 Zoning District: A-1/3
 Amount Paid: 75 5/13/10 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 NW 1/4 of NW 1/4 of Section 19 Township 48N North, Range 8 West, Town of TRIPP

Gov't Lot 2 Block _____ Subdivision _____ CSM # 1555 Acreage 1.0

Volume 9 Page 191 of Deeds Parcel I.D. Tax ID 34759 Parcel No. 048-1026-

Property Owner Phil & Sandra Broderick Contractor Cory Holsclaw (Phone) 218-428-0700

Address of Property 72850 Barge Line Rd. Plumber _____

IRON RIVER, WI 54845 Authorized Agent _____ (Phone) _____

Telephone 715-774-3982 ~~Retired~~

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

Structure: New Addition _____ Existing _____

Fair Market Value 18,000 Square Footage 9100

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

Residence sq. ft. _____

* Residence wideck-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) _____

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) Philip M Broderick Retired Date May 7, 2010

Address to send permit P.O. Box 25, Port Wing, WI 54865 ATTACH

* 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 5/25/10 Permit Number 10-0142 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Satisfactory/conditions as requested by owner - means to be done

Contractor & I will permit may be used By DEC Date of Inspection 5-19-10

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed [Signature] Inspector _____ Date of Approval 5-19-10

Rec'd for Issuance