

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**  
 AUG 12 2011  
 Bayfield Co. Zoning Dept.

Application No.: 11-0431  
 Date: 11/28/11  
 Zoning District: A91  
 Amount Paid: 4250.00

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 2A in NE Corner of

Legal Description SE 1/4 of SE 1/4 of Section 31 Township 48 North, Range 8 West, Town of Trip

Gov'l Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2

Volume 885 Page 466 of Deeds Parcel ID: 04048248083140400020000

Property Owner William Turek Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 7045 City Hwy A Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Iron River WI 58847 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-322-6020 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If Yes, \_\_\_\_\_

Structure: Basement Addition Existing \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_

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) \_\_\_\_\_

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) \_\_\_\_\_ Date 8-18-11

Address to send permit 7045 City Hwy A Iron River WI 58847 ATTACH \_\_\_\_\_

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE  
 Copy of Tax Statement or  
 (If you recently purchased the property  
 Attach a Copy of Recorded Deed)

Permit Issued: \_\_\_\_\_ State Sanitary Number 389309 Date 2001

Date 11/28/11 Permit Number 11-0431 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Existing privy located at CHA

Existing privy - privy tanks By DR Date of Inspection 9-13-11

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

Condition NO MORE THAN ONE (1) RESIDENT SURFACE SANITARY CANNOT HAVE OTHER RESIDERS

Rec'd for Issuance NOV 28 2011 Signed \_\_\_\_\_ Date of Approval 9-13-11

Secretarial Staff

