

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
 JUN 23 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0304
 Date: _____
 Zoning District A-1
 Amount Paid: 125.00 6/26/09
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.

N 1/2 of E 1/2 of
 LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description SW 1/4 of NW 1/4 of Section 11 Township 50 North, Range 4 West, Town of Bayfield

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5

Volume 784 Page 628 of Deeds Parcel I.D. 04 006 250 04 11 203 000 20 000

Property Owner MICHAEL C. BERG Contractor SELF (Phone) _____

Address of Property Bayfield, WI 54814 Plumber _____ (Phone) _____

Telephone 715-779-9505 (Home) 651-238-1494 (work) Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____ Written Authorization Attached: Yes No

Structure: New _____ Addition Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value 16,000 Square Footage 760 Basement: Yes _____ No Number of Stories _____

USE: _____ Sanitary: New _____ Existing Privy _____ City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System AA ST

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) Pump House

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Michael Berg Date JUNE 23, 2009

Address to send permit 411 FRONT ST. P.O. Box 1529 Bayfield, WI 54814 ATTACH _____

* See Notice on Back 01-0451 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 _____ Date _____

Date 7/27/09 Permit Number 09-0304 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SEPARATORS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO

BE CODE COMPLIANT & PERMIT BY DOL Date of Inspection 7-16-09

MAY BE ISSUED Variance (B.O.A.) # Rec'd for Issuance

Mitigation Plan Required: Yes No

Condition: _____

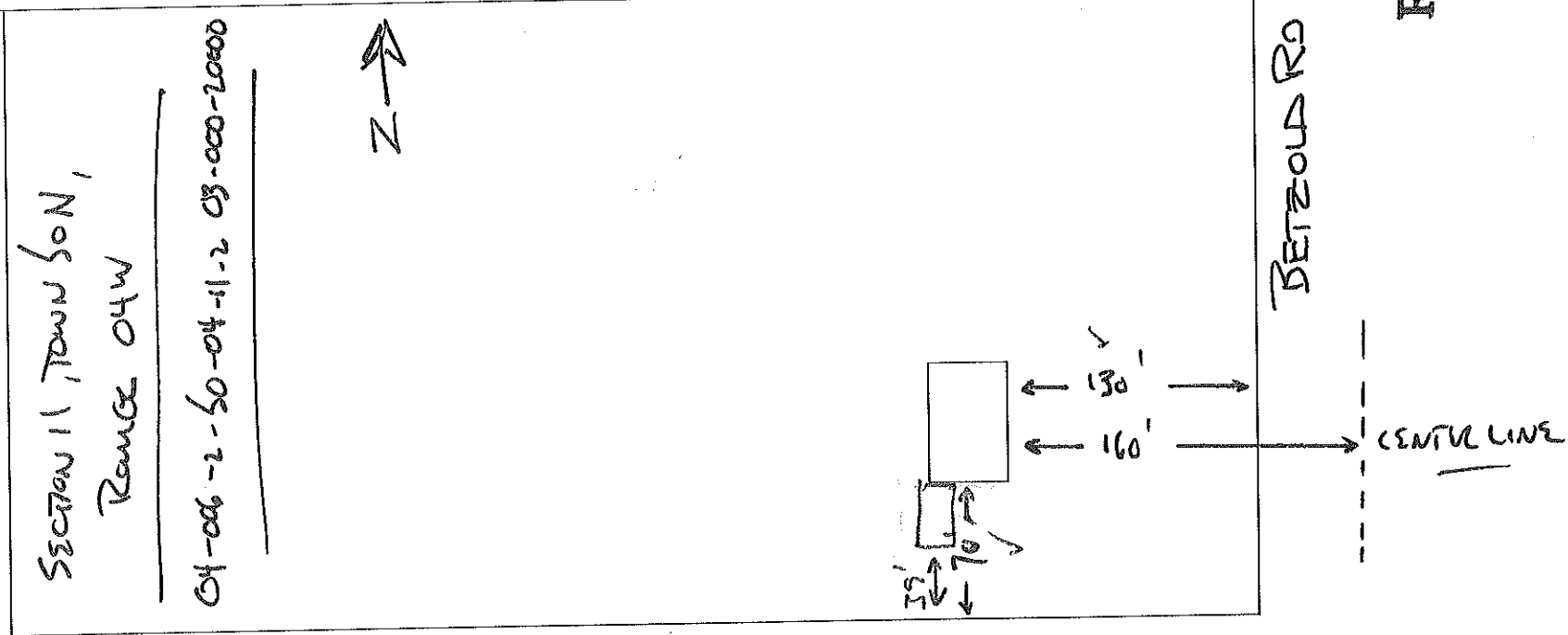
Signed [Signature] Inspector [Signature] Date of Approval 7-16-09

Rec'd for Issuance JUL 23 2009

Building does not appear to be used for habitation.

Sec'd for TX Stmt. Secretarial Staff

GARAGE MATING ORDINANCE PROJECT
TREVISO BLOSS LOAN
8-6-07



✓ - indicates this measurement was field verified by Zoning Dept. and based upon owner (s) and/or agent (s) representation (s) was found to be accurate and code compliant

NOTE - NEW STAKE AT INSPECTION

910' Post