

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 10 2009  
 Bayfield Co. Zoning Dept

Application No.: 09-0356  
 Date: 8-23  
 Zoning District: RT/C ORSS ORKE  
 Amount Paid: \$175.00 2DS  
8110/09 CASH

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 \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of Section \_\_\_\_\_ Township SDAL North, Range 04W West, Town of Bayfield  
 Gov't Lot 182 of \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # U2 p. 236 acreage 2.58

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. 04 006 2 SD 0412 4 05 001-06000  
 Property Owner Daniel H. Kimberley & MCDONALD Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Address of Property 36850 Connie's Ln Plumber \_\_\_\_\_

Telephone 715-209-4878 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Authorized Agent LARRY MCDONALD 715-209-4878  
 Written Authorization Attached: Yes  No

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_  
 USE: \_\_\_\_\_  
 Basement: Yes  No \_\_\_\_\_ Existing \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_  
 Type of Septic/Sanitary System BOUND  
 Mobile Home (manufactured date) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) SHORT term rental  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

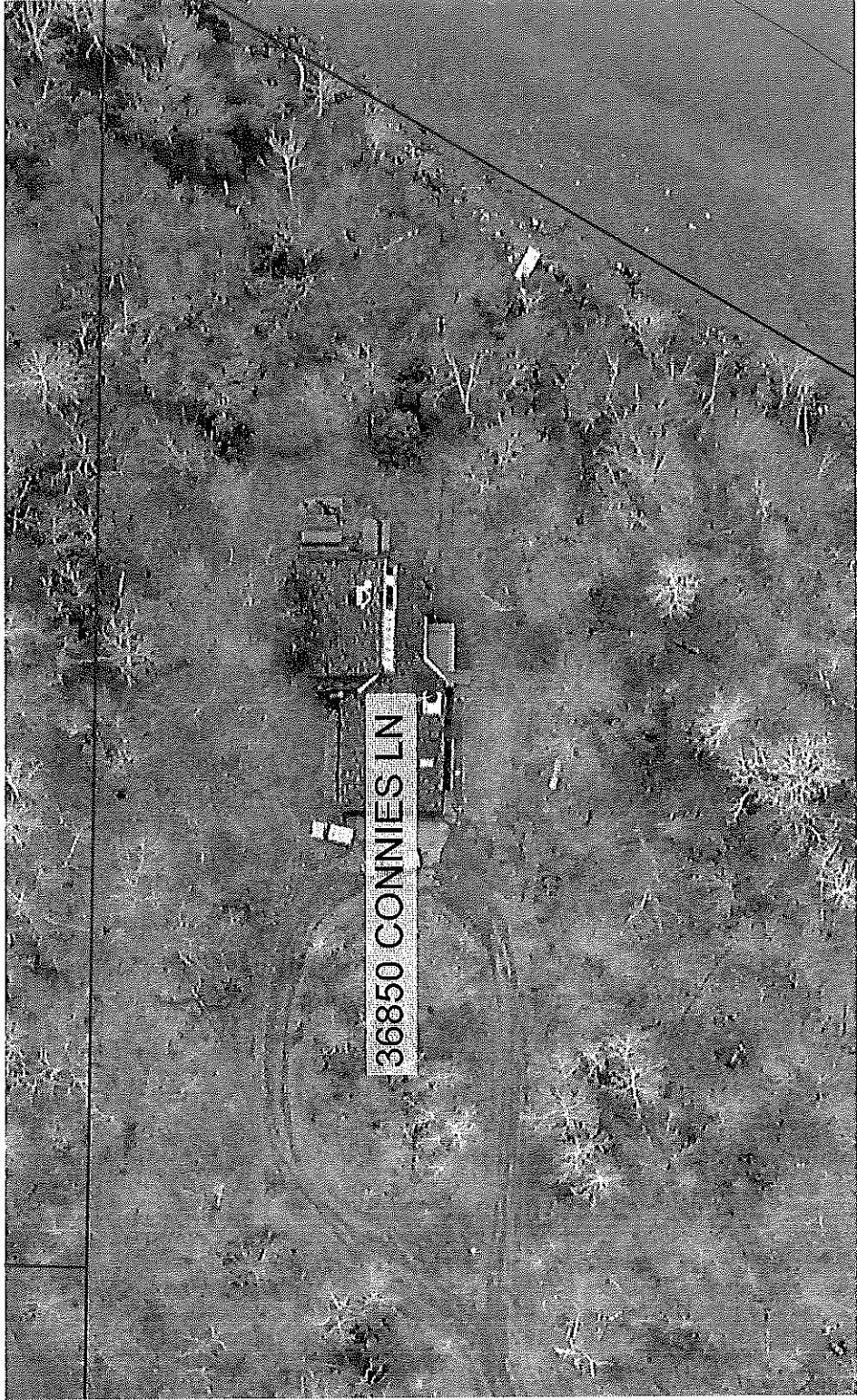
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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) [Signature] Date 8-10-09  
 Address to send permit PO Box 969 Bayfield WI 54814 ATTACH \_\_\_\_\_  
 \* See Notice on Back

Copy of Tax Statement or  
 Attach a Copy of Recorded Deed

APPLICANT --- PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 8/24/09 Permit Number 09-0356 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: see existing signature & notes  
no noted structural matters By DDC Date of Inspection 8-13-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: ADDITIONALLY, A PERMIT FROM THE BAYFIELD COUNTY HEALTH DEPARTMENT FOR A  
TUNING FOR A SHORT TERM RENTAL IS REQUIRED  
FOR THE STATEMENT  
NEARLY 6000 SQUARE FEET TAKE SQUARE  
 Inspector [Signature] Date of Approval 8-13-09  
 Rec'd for Issuance AUG 24 2009  
 Secretarial Staff



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