

ENTERED

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 03 2009

Application No.: 09-0517
Date: _____
Zoning District: A-1/-
Amount Paid: →

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: SW 1/4 of NE 1/4 of Section 5 Township 50 North, Range 5 West, Town of Bayfield
Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40
Volume 793 Page 302 of Deeds Parcel I.D. 04-006-2-50-05-05-1-03-000-10000

Property Owner Sandra L. Faye
Address of Property 87550 Happy Hollow Rd.
Bayfield

Telephone 715 779-3128 (Home) same (Work)

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 156

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. _____

* 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) _____

Owner or Authorized Agent (Signature) Sandra L. Faye Date 6/2/09

Address to send permit Above

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 10/30/09 Permit Number 09-0517 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: PRE-EXISTING AGRICULTURAL STRUCTURES, NO FEED OR PENS,

By EDC Date of Inspection July 2009

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

Condition: A CHEESEMAKING LICENSE PER MAP GRID IS REQUIRED TO OPERATE AS A CHEESEMAKING

Signed [Signature] Inspector

Date of Approval 8-12-09

Rec'd for issuance

ATTACH
Copy of Tax Statement or
(if you recently purchased the property
Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

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OCT 28, 2009

Sanitarian Staff

SENT BY ZONING

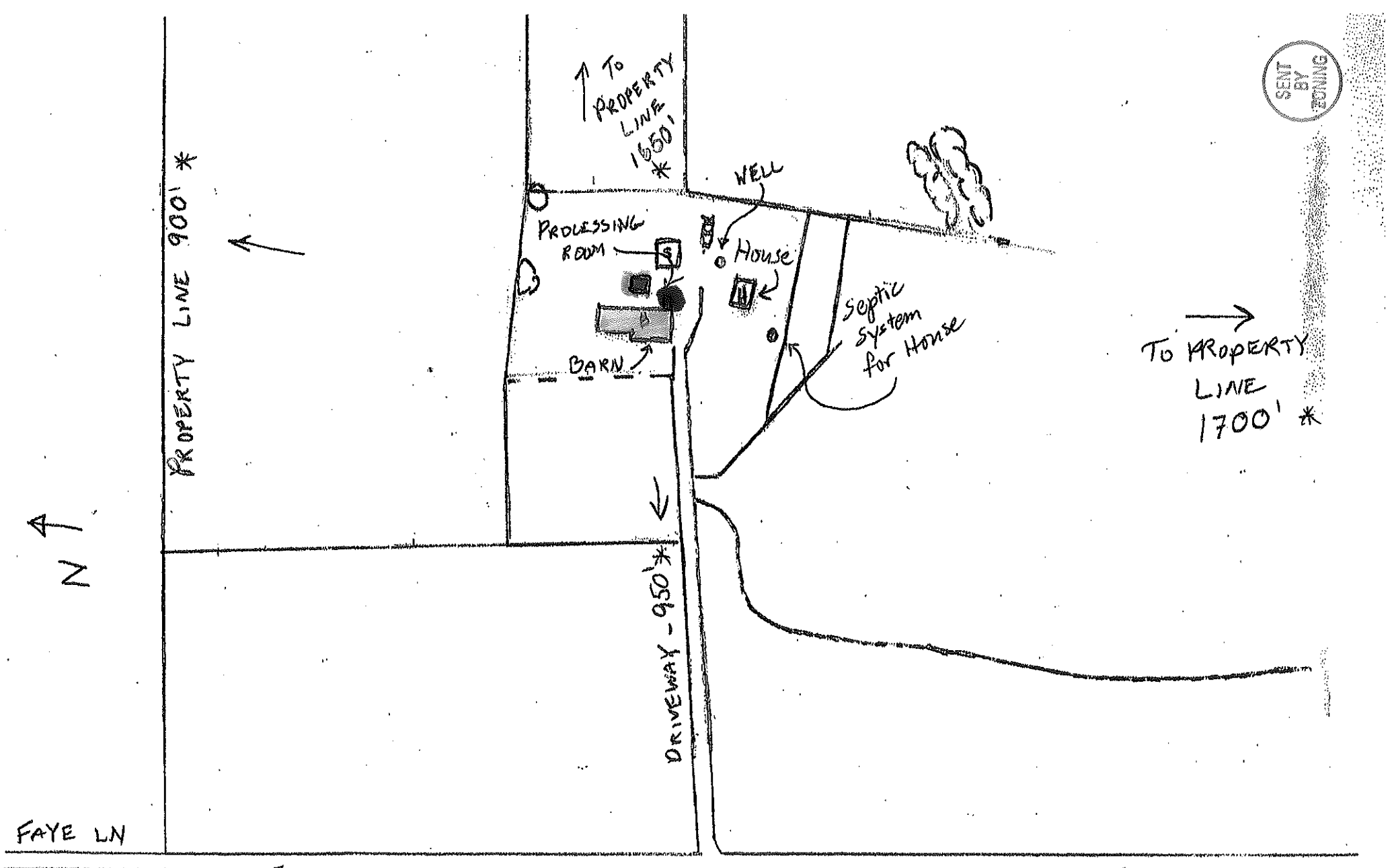


DIAGRAM 1:
LAYOUT OF BUILDINGS IN RELATION
TO PROPERTY LINES

* Approx distance from "Barn"