

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 DEC 15 2009 Bayfield Co. Zoning Dept.

Application No: 10-0107 Date: Zoning District R-PB 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 [x] SPECIAL USE [] B.O.A. [] OTHER []

Use Tax Statement for Legal Description

Legal Description: 1/4 of Section 15 Township 50 North, Range 04 West, Town of Bayfield Gov't Lot 11 Block of Deeds Subdivision Spring Hill South CSM # 09-006-250-81-19-9 Acreage 9.916 Volume Page Parcel I.D. 0010-1172-07-011

Property Owner Richard Wiszalek Contractor (Phone) Plumber Authorized Agent Lawrence Racheli (Phone) 209-1011 Written Authorization Attached: Yes [x] No []

Is your structure in a Shoreland Zone? Yes [] No [x] If yes, Distance from Shoreline: greater than 75 [] 75 to 40 [] less than 40 []

Structure: New Addition Existing [x] Basement: Yes [] No [] Number of Stories Sanitary: New Existing Privy City

Fair Market Value \$80,400.00 Square Footage 3150 Type of Septic/Sanitary System [] Mobile Home (manufactured date)

- [] Commercial Principal Building
[] Commercial Principal Building Addition (explain)
[] Commercial Accessory Building (explain)
[] Commercial Accessory Building Addition (explain)
[] Commercial Other (explain) (woodworking shop)
[x] Special/Conditional Use (explain) Change use of building
[] 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) Lawrence Racheli Date 12/15/09

Address to send permit P.O. Box 78 BAYFIELD WI 54814 ATTACH

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number Date
Date 5/3/10 Permit Number 10-0107 Permit Denied (Date)
Reason for Denial:
Inspection Record: Per existing structures currently used as a warehouse for plumbing services
No sales points on premises By DC Date of Inspection 12-21-09
Mitigation Plan Required: Yes [] No [x] Variance (B.O.A.) #
Condition: Per Conditions: See attached affidavit
Inspector Rec'd for issuance Date of Approval
12/15/09 12-21-09

SENT BY ZONING

Secretarial Staff

