

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
OCT 22, 2010
Bayfield Co. Zoning Dept.

Application No.: 10-0477
Date: _____
Zoning District: A-1-
Amount Paid: \$75.00 P.O.S.
10/28/10

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: SE 1/4 of SE 1/4 of Section 1 Township 50 North, Range 4 West, Town of BAYFIELD
Gov't Lot 1880 Lot 1 Block 1 CSM # 15009 Acreage 9.5
Volume Page 288 of Deeds Parcel I.D. 04-006-2-50-04-01-404-000-11000
Property Owner JOHN P. AND BARBARA L. MURPHY Contractor Self (Phone) _____
Address of Property 27045 STATE HWY 13 Plumber _____
BAYFIELD, WI 54814 Authorized Agent _____ (Phone) _____

Telephone 715-779-3803 (Home) SANE (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 35,000 Square Footage 1200 sq ft
USE: BUSHY 03-0022
 * Residence or Principal Structure (# of bedrooms) _____
 * 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) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial 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) BARBARA L. MURPHY Date 10/28/10
Address to send permit 270 P.O. BOX 1550 BAYFIELD 54814

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

ATTAACH RECORD FOR ISSUANCE
Copy of Tax Statement or
(If you recently purchased the property Attach a Copy of Record Deed)

Permit Issued: _____ State Sanitary Number 347217 Date 2000
Date 11/23/10 Permit Number 10-0477 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SOUTHERN SERVICES/CONSULTANTS AS REPRESENTED BY UNDER AGREES TO BE ONE GARANT
HOW PERMIT MAY BE USED By DL Date of Inspection 11-23-10

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

Condition: A permit from the Bayfield County Health Department for a tourist farm is also required.

Signed _____ Inspector _____ Date of Approval 11-19-10

2 THE TOTAL NUMBER OF PERMANENT OCCUPANTS BEHIND THE RESIDENCE IS FIVE BUT MAY NOT EXCEED SIX (6) AS THE EXISTING MOUND SYSTEM IS DESIGNED/CONSTRUCTED FOR TWO (2) BEDROOMS.
2 IDENTIFIY MOUND SYSTEM 2 IDENTIFIY ATTRIABLE STRUCTURES THERE IS AGREEMENT FOR 3 BEDROOMS

ENTERED

NOTE - APARTMENT UNIT TO BE RENTED, NOT
PRIMARY RESIDENCE

APARTMENT

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Property of: John & Barbara Murphy - (red marker indicates rental unit)

87045 State Highway 13, Bayfield, WI