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

Application No.: 08-0604
Date:
Zoning District R-1/-
Amount Paid: $750 10/29/08 mj

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 _____

Legal Description _____ 1/4 of _____ 1/4 of Section 32 Township 51 North, Range 6 West. Town of Bell

Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume _____ Page _____ of Deeds Parcel I.D. # 04-010-251-06-32-1-05-001-40000 *Use Tax Statement for Legal Description*

Property Owner Phillip and/or Nancy Moye
Address of Property 20755 Lost Creek Rd
Cornucopia
Telephone 651-587-0017 cell (~~Home~~) 651-552-9844 hm (~~Work~~)

Contractor Steve Donker (Phone) _____
Plumber Bachand, Dennis
Authorized Agent _____ (Phone) _____
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 X Addition _____ Existing _____ Basement: Yes _____ No X Number of Stories _____

Estimated Cost of Construction $250,000 Square Footage 1094 Sanitary: New X Existing ___ Privy ___ City ___
08-1625

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. _____ Deck(2) sq. ft _____

☒ ✱ Residence w/attached garage (# of bedrooms) 2 bedrooms.
Residence sq. ft. 1680 1694 Garage sq. ft 520

☐ Residential Addition / Alteration (explain) _____
☐ Residential Accessory Building (explain) _____
☐ Residential Accessory Building Addition (explain) _____
☐ Residential Other (explain) _____

☐ Mobile Home (manufactured date) _____
☐ Commercial Principal Building _____
☐ Commercial Principal Building Addition (explain) _____
☐ Commercial Accessory Building (explain) _____
☐ Commercial Accessory Building Addition (explain) _____
☐ Commercial Other (explain) _____
☐ Special/Conditional Use (explain) _____
☐ External Improvements to Principal Building (explain) _____
☐ External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT or 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) Philip N Moye Nancy J Moye Date 9/15/08

Address to send permit 7610 Blackwell Ct. N.
Inver Grove Hts MN 55076

✱ See Notice on Back

ATTACH
Copy of Tax Statement
If you previously purchased the property
Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number ~~16C~~ 08-1625 Date 10/1/08

Date 10/29/08 Permit Number 08-0604 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SEVERAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & PERMIT MAY BE ISSUED W/ CONDITIONS By DDL Date of Inspection 10-24-08

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

Condition: A UNIFORM DWELLING CODE (UDC) PERMIT FROM THE LOCALLY CONTRACTED UDC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION

Signed _____ Inspector 10-24-08 Date of Approval

Rec'd for Issuance

OCT 29 2008

Secretarial Staff

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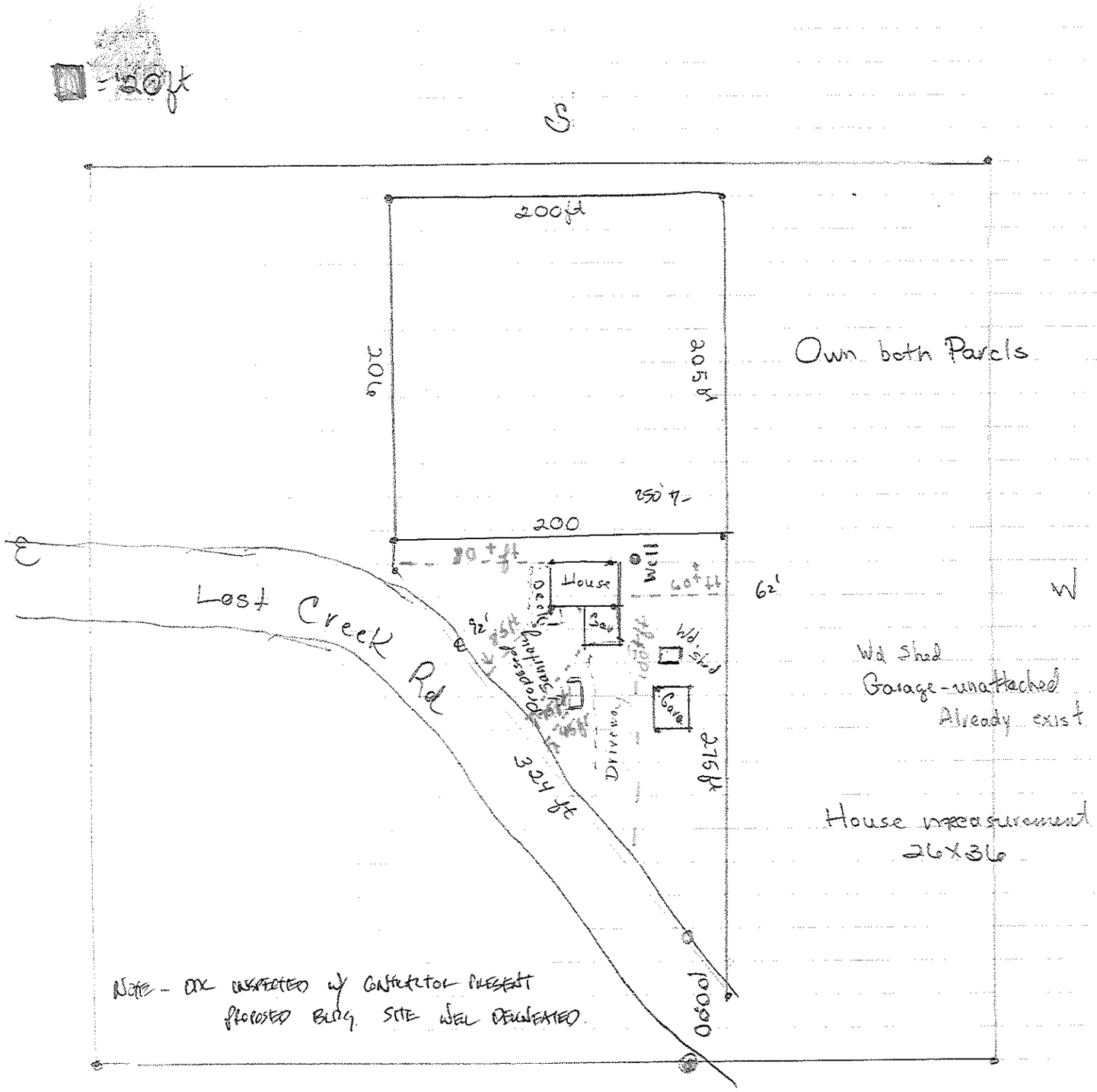

45 ft atleast from Northeast corner of new garage to road right of way

40 ft at least from Northeast corner of new house to road right of way.