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
APR 07 2008
Bayfield Co. Zoning Dept.

ENTERED

Application No.: 08-0077
Date:
Zoning District R-4
Amount Paid: $75.00 RDS 4/8/08

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 SW 1/4 of NW 1/4 of Section 22 Township 45 North, Range 6 West. Town of G.V.

Gov't Lot ____ Lot ____ Block ____ Subdivision ____ CSM # ____ Acreage 1.0

Volume 976 Page 332 of Deeds. Parcel I.D. # 021-1130-01 *Use Tax Statement for Legal Description*

Property Owner David Oreskovich Jr. & Autumn Roettger

Address of Property 54515 County Hwy D
Grand View, WI 54839

Telephone 763-3475 (Home) ____ (Work)

Contractor self (Phone) ____

Plumber ____

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 ✓ Addition ____ Existing ____ Basement: Yes ____ No ✓ Number of Stories 1

Estimated Cost of Construction $10,000 Square Footage 576 (24' x 24') Sanitary: New ____ Existing ____ Privy ____ City ✓

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) ____
Residence sq. ft. ____ Garage sq. ft ____

☐ Residential Addition / Alteration (explain) ____

☒ Residential Accessory Building (explain) garage

☐ 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) [signature] Date 4-7-08

Address to send permit same as above

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

✱ See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number ____ Date ____

Date 4-14-08 Permit Number 08-0077 Permit Denied (Date) ____

Reason for Denial: ____

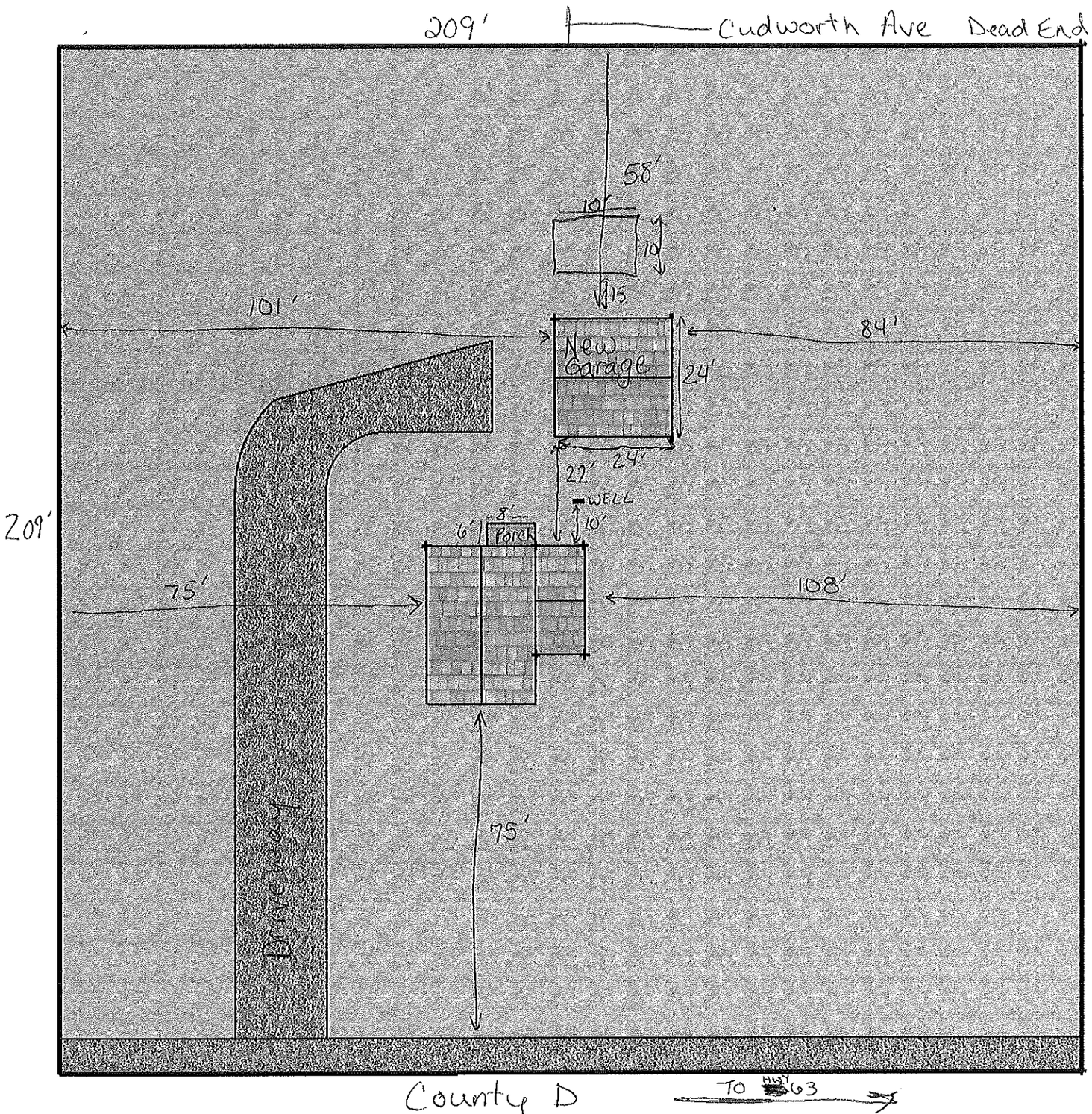
Inspection Record: Well staked. Meets all setbacks. Property lines per owner representation By M. Futch Date of Inspection 4-10-08

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

Condition: Not to be used for human habitation

Recorder Issuance
APR 14 2008
Secretary's Seal

Signed Michael Futch 4-14-08
Inspector Date of Approval



SW¼ NW¼
Section 22
Township 45N
Range 6 W

Tax Parcel No:
021-1130-01 000

ENTERED ✓

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
APR 07 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0078
Date:
Zoning District R-4
Amount Paid: $75.00 RDS 4/8/08

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Structure: New ____ Addition ✓ Existing ____ Basement: Yes ____ No ✓ Number of Stories ____

Estimated Cost of Construction $2,000 Square Footage 48 (6'x8') Sanitary: New ____ Existing ____ Privy ____ City ✓

USE:

☐ ✱ Residence or Principal Structure (# of bedrooms) ____
Residence sq. ft. ____

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Permit Issued: State Sanitary Number ____ Date ____

Date 4/14/08 Permit Number 08-0078 Permit Denied (Date) ____

Reason for Denial: ____

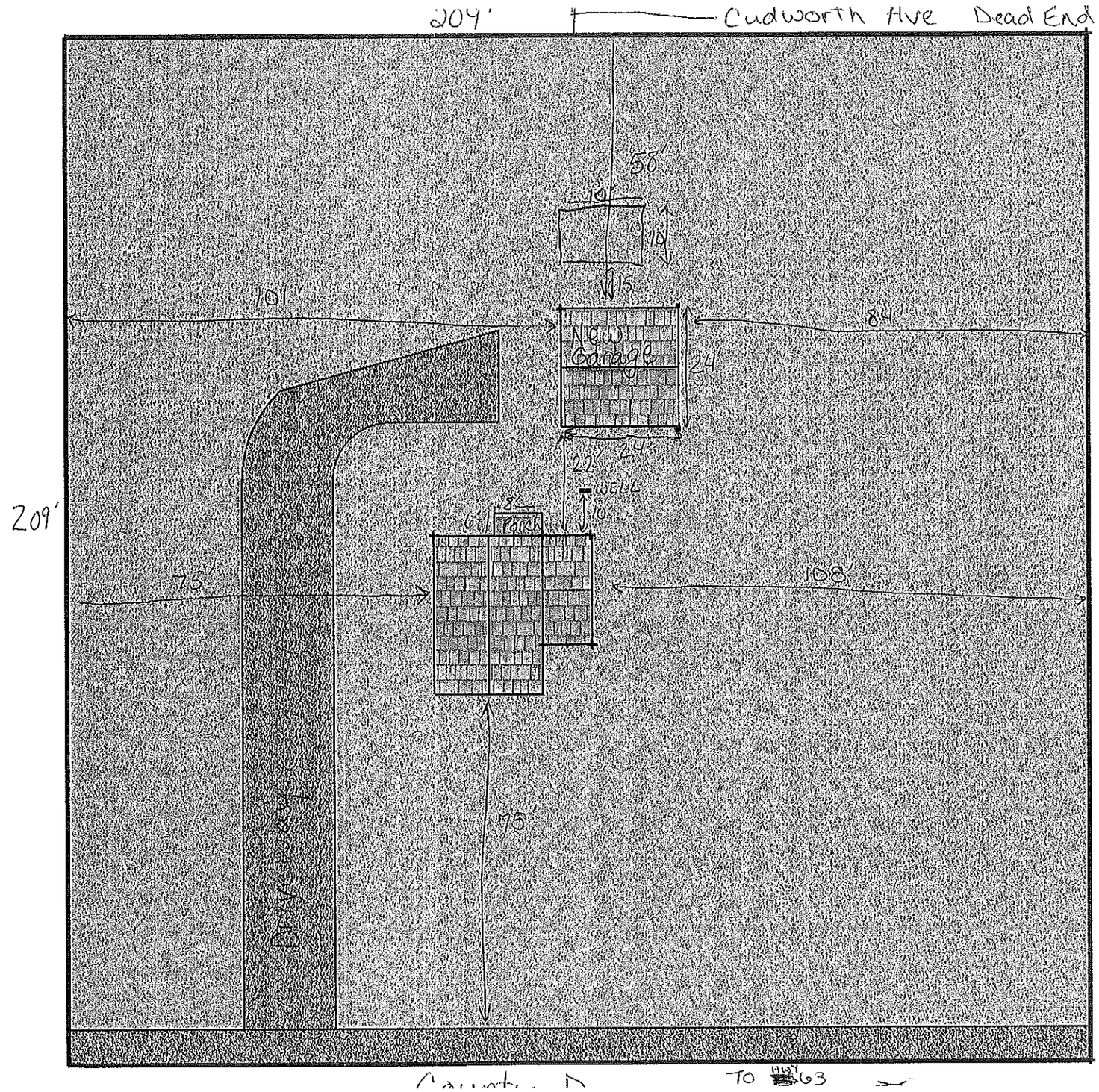
Inspection Record: Meets all setbacks. Property lines per owner's representations. By M. Fritak Date of Inspection 4-10-08

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

Condition: ____

Rec'd for Issuance
APR 14 2008
Secretary Staff

Signed [signature] 4-14-08
Inspector Date of Approval



SW¼ NW¼
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Township 45N
Range 6 W

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