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
FEB 12 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0120
Date:
Zoning District F-1, Class 3
Amount Paid: $175 2/12/09 mg

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 ____ 1/4 of ____ 1/4 of Section 27 Township 44 North, Range 6 West. Town of G.V.

Gov't Lot 13 Lot ____ Block ____ Subdivision ____ CSM # ____ Acreage 13

Volume 996 Page 681 of Deeds Parcel I.D. 04-021-2-44-06-27-4 05-013-10000

Property Owner James & Annamarie Bigott

Address of Property 47225 Triangle Drive
Grandview, WI 54839

Telephone 630-896-0640 (Home) ____ (Work)

Contractor ____ (Phone) ____

Plumber ____

Authorized Agent Mike Best (Phone) 558-4014

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 ✓

Fair Market Value ____ Square Footage ____

Basement: Yes ____ No ____ Number of Stories ____

Sanitary: New ____ Existing ✓ Privy ____ City ____

Type of Septic/Sanitary System Conv

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) ____

☐ 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) Short Term Rental

☐ 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) Mike Best Date 2/6/09

Address to send permit RRP, Inc / PO BOX 802 / HAYWARD, WI 54843

✱ See Notice on Back

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

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number ____ Date ____

Date ____ Permit Number ____ Permit Denied (Date) ____

Reason for Denial: ____

Inspection Record: Structure is existing.

____ By M. Furtak Date of Inspection 2-18-09

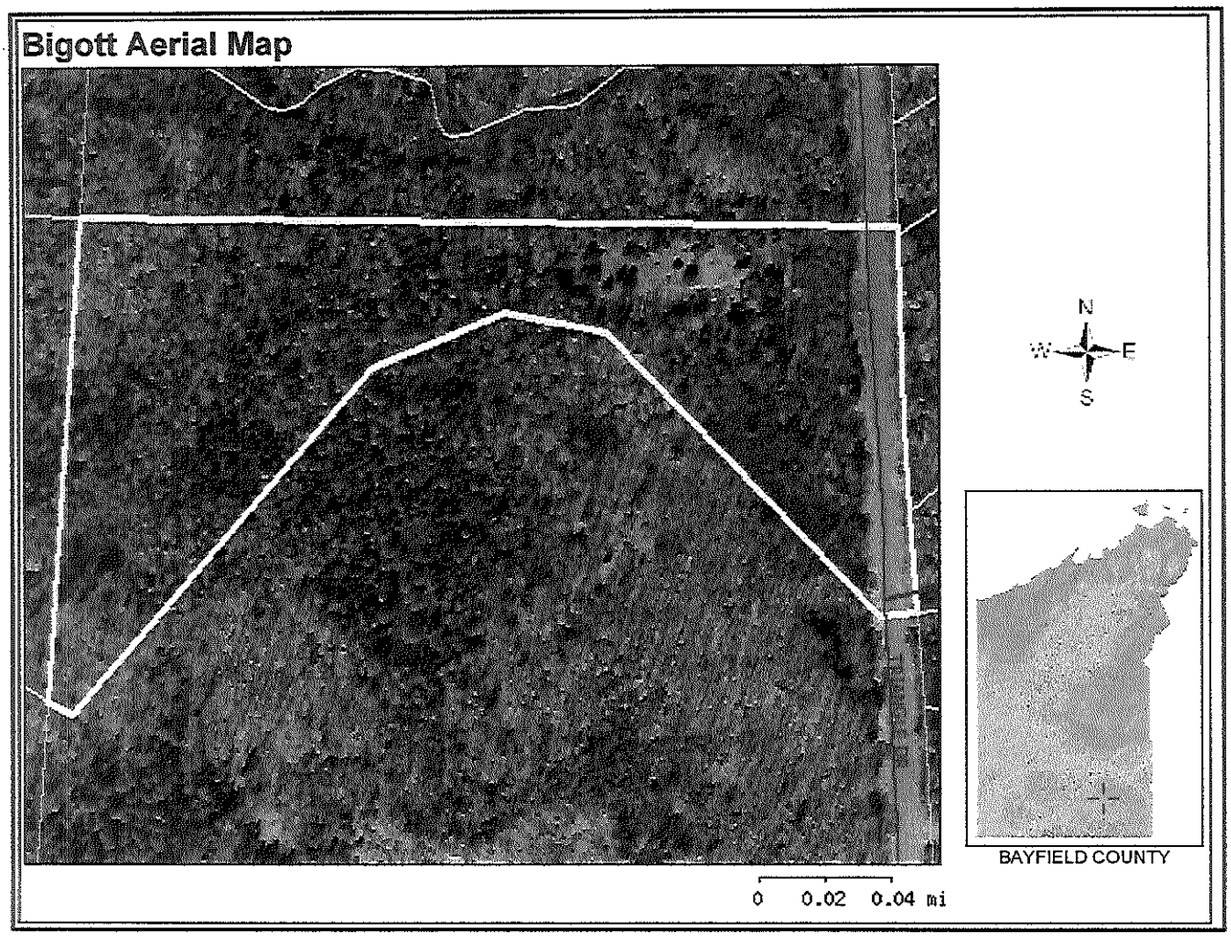
Mitigation Plan Required: Yes ☐ No ☒ ____ Variance (B.O.A.) # ____

Condition: ____

Signed Michael Furtak 2-19-09
Inspector Date of Approval

Rec'd for Issuance
MAY 1, 2009
Secretarial Staff

* Legal, ~~tx stmt/deed~~, ~~use~~ + ~~legal on tax stmt missing~~ OK


Bigott Aerial Map
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