Rec'd 7-22-09
Returned 7-22-09

$150

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 AUG 05 2009 Bayfield Co. Zoning Dept.

ATF

Application No.: 09-0327
Date:
Zoning District R-2, Class 3
Amount Paid: $150 8/12/09
ATF 75
Accy 75

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 SW 1/4 of SW 1/4 of Section 27 Township 45 North, Range 6 West. Town of G.V.

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 75

Volume 449 Page 257 of Deeds Parcel I.D. 04-021-2-45-06-27-3 03-000-10000

Property Owner Terrance Brandmeyer Contractor self (Phone) _____

Address of Property 22160 S. Sweden Rd. Plumber _____

Grand View WIS

Authorized Agent _____ (Phone) _____

Telephone 414-688-5033 (Home) 414-688-5033 (Work)

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

Fair Market Value $10,000 Square Footage 900 sq 30'x30'

Sanitary: New _____ Existing ✓ Privy _____ City _____

USE:

Type of Septic/Sanitary System Conv

☐ ✱ 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) Terrance Brandmeyer Date July 20/09

Address to send permit 8505 W Hadley St. Milw. WI 53222

ATTACH
Copy of Tax Statement or ✓
(If you recently 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 8/12/09 Permit Number 09-0327 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing. Meets all required setbacks.

By M. Frutak Date of Inspection 8-7-09

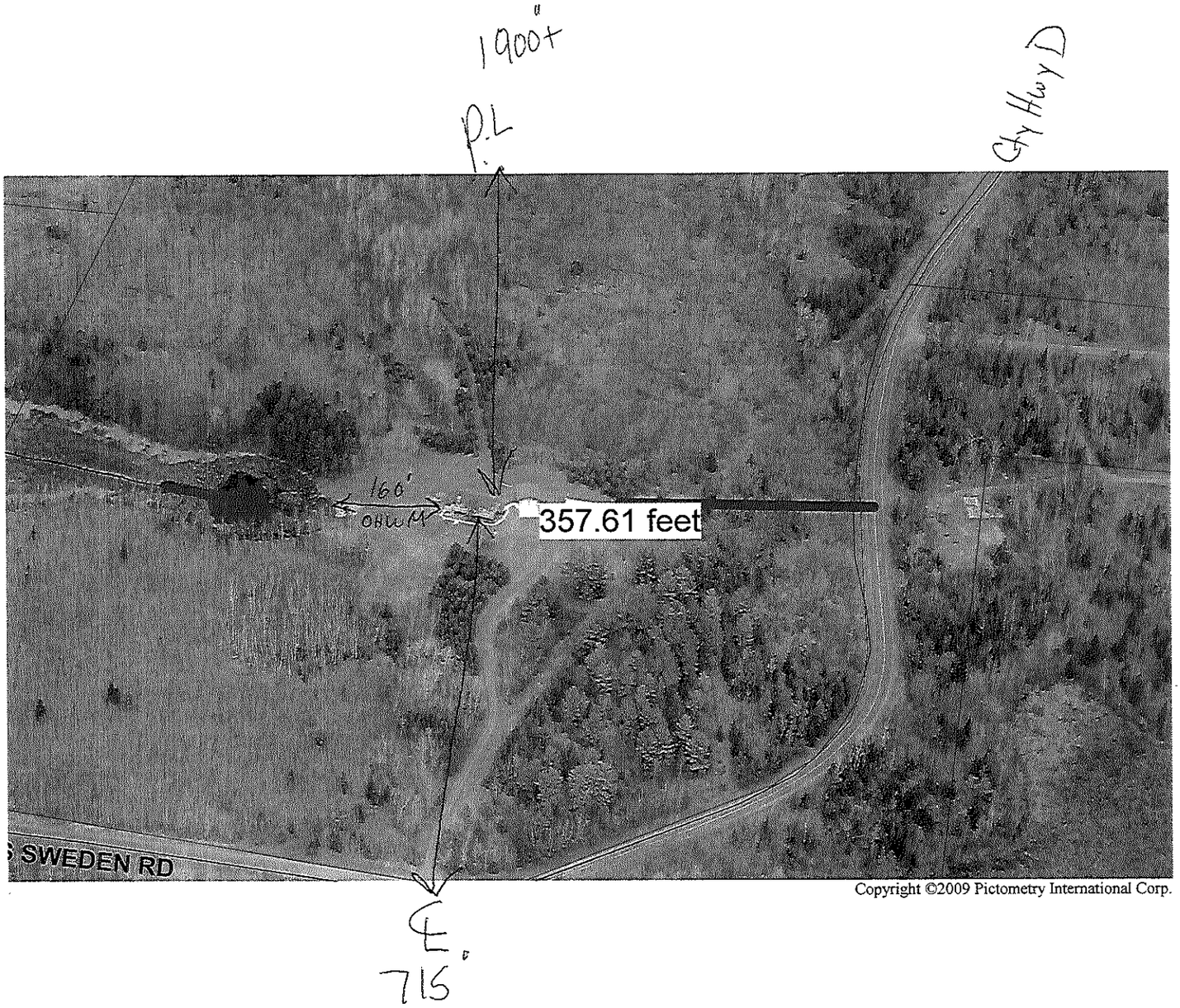
Mitigation Plan Required: Yes ☒ No ☐ _____ Variance (B.O.A.) # _____

Condition: Shoreland Grading Violation Not to be used for human habitation.

Signed Michael Frutak 8-10-09
Inspector Date of Approval

mit. plan will come w/ Shoreland grading permit
per MF 8/12/09 / mg

over →



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