Rec'd 7/22/09
Returned 7/22/09 $400

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.

Application No.: 09-0328
Date:
Zoning District R-2, Class 3
Amount Paid: 400 8/12/09 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

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 Brandenberg
Address of Property 22160 S. Sweden Rd
Grandview, WI
Telephone 414-688-5033 (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 2
Fair Market Value $156,000 Square Footage 2520
Sanitary: New ____ Existing ✓ Privy ____ City ____

USE:

☒ ✱ Residence or Principal Structure (# of bedrooms) 30'x47' = 1410 ⊞ 1st Floor
Residence sq. ft. ____
☒ ✱ Residence w/deck-porch (# of bedrooms) 3
Residence sq. ft. ____ Screen Porch sq. ft 8'x28' = 224 ⊞
Deck sq. ft. 8'x38' = 304 ⊞ 8'x55' = 440 ⊞ Deck(2) sq. ft 113 ⊞
☐ ✱ 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) ____

Type of Septic/Sanitary System Conv
☐ 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) Terry Brandenberg 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 467283 Date 7-8-05

Date 8/12/09 Permit Number 09-0329 Permit Denied (Date) ____

Reason for Denial: ____

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

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

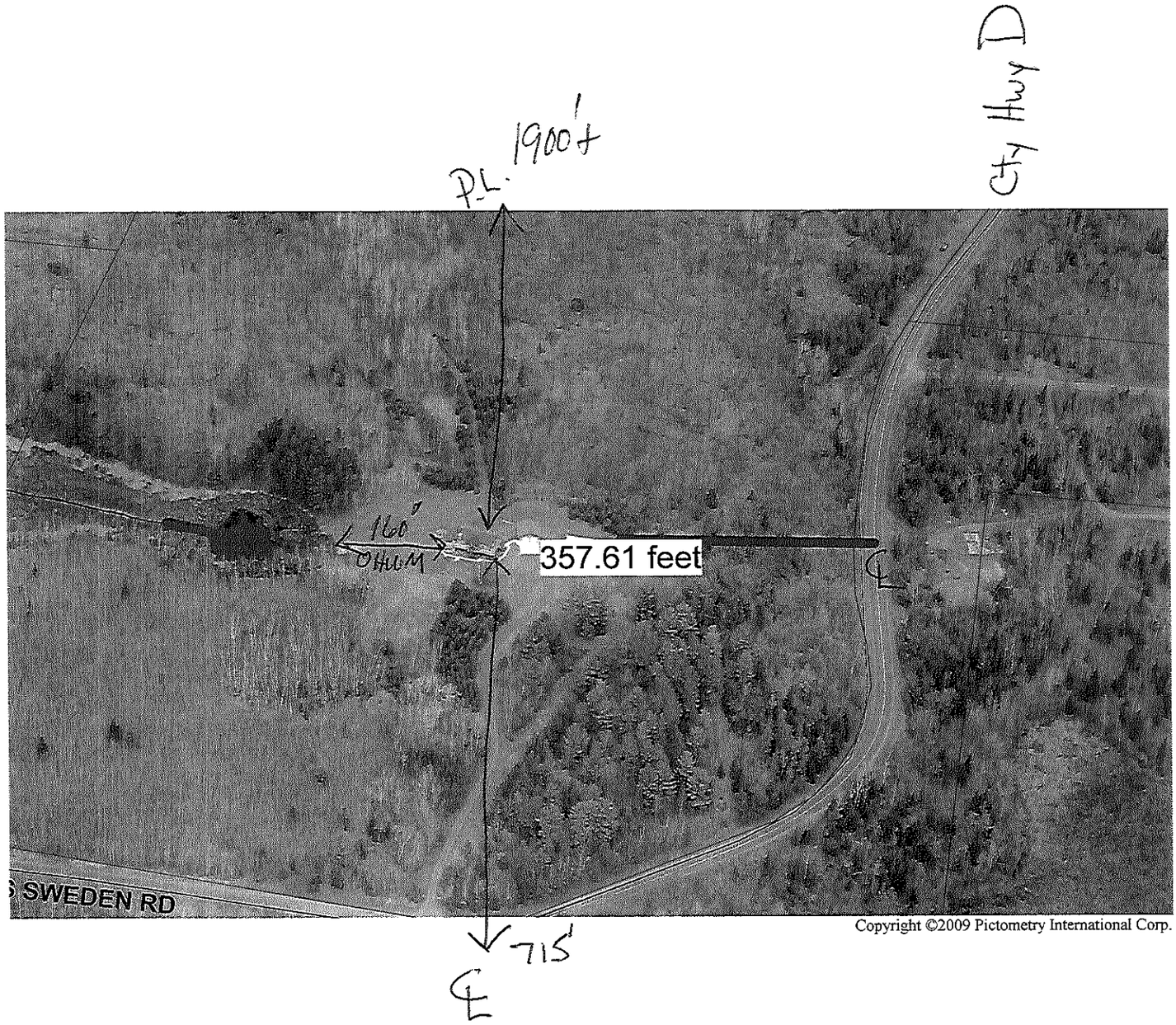
Mitigation Plan Required: Yes ☒ No ☐ Shoreland Grading Violation Variance (B.O.A.) # ____

Condition: ____

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

Mit. plan to come w/ Shoreland grading permit per MF 8/12/09. MJ

Over →


City Hwy D
P.L.
1900'+
160'
OHWM
357.61 feet
℄
℄
715'
S SWEDEN RD
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