ATF

$150

ENTERED

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 23 2010 Bayfield Co. Zoning Dept.

Application No.: 11-0041
Date:
Zoning District R-1, Class I
Amount Paid: LU 75.00 ATF 75.00
RDS 8/26/10

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 19 Township 44 North, Range 5 West. Town of G.V

Gov't Lot _____ Lot 16 Block _____ Subdivision Assessors Plat CSM # _____ Acreage 1.3

Volume 678 Page 227 of Deeds Parcel I.D. 04-021-2-44-05-19-4 00-120-16000

Property Owner Rose Prietzel

Address of Property 48480 Atkins Lake Lane
Grand View ~~Cable~~, WI ~~54827~~ 54839

Telephone 794-2087 (Home) 952 937-2452 (Work)

Contractor Jack Sjostrom (Phone) 634-4427 558-1440

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

Fair Market Value $12,000 Square Footage 624 sq 13'×48'

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) pavillon roof over mobile home

☐ 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) Rose Prietzel Date 8/20/10

Address to send permit 8074 TIMBER LAKE DR EDEN PRAIRIE MN 55347

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 3/23/11 Permit Number 11-0041 Permit Denied (Date) _____

Reason for Denial: _____

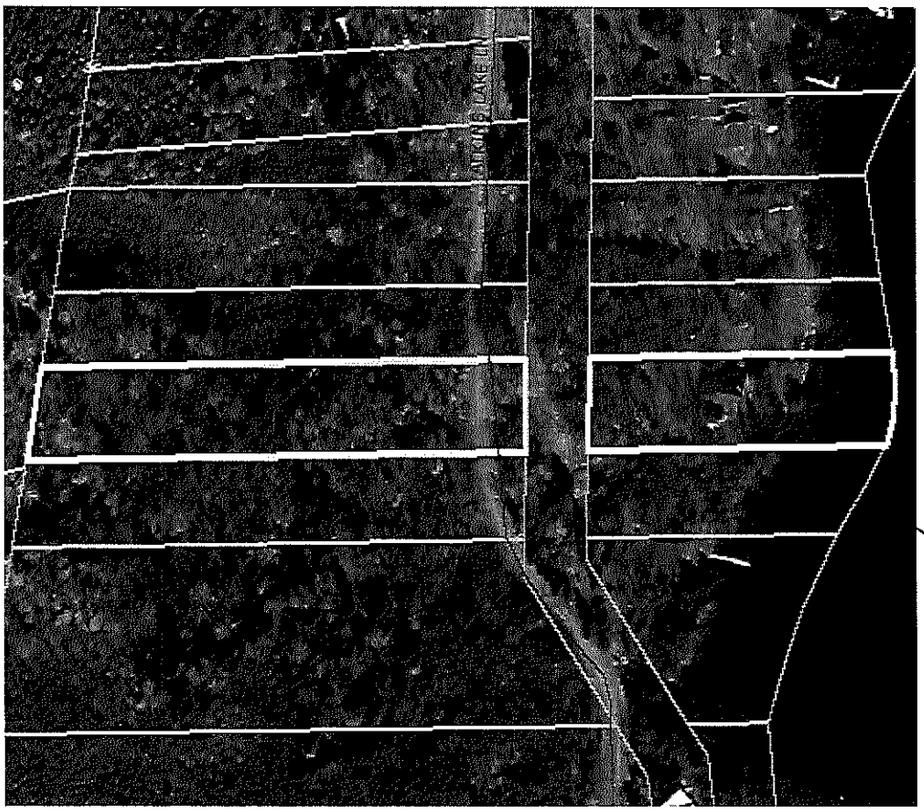
Inspection Record: Non-conforming mobile home 35' from OHWM.

By M. Funtak Date of Inspection 8-20-10

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

Condition: Upon removal or replacement of mobile home the pavilion roof structure must be removed. See also mitigation plan. Must implement w/in 1 yr from issuance — by 3/23/12.

Signed Michael Funtak (Inspector) 9-1-10 (Date of Approval)



0 0.01 0.02 mi

This is 48190
Atkins Lake Ln.
Some Guy Called
& Said there is
Construction @ 48180
w/out Permit 30' From
Lake - Name
Pritzle
48170

Ask me

Query Results

Parcel Owner	Legal Description
BRIAN D MARINE S 2556 ROBIN RD MARSHFIELD WI 54449	LOT 4 ASSESSOR'S PLAT IN V.6 P.3 IN V.975 P.670 115A (DONALD E & DELL E MARINE LIFE ESTATE)
Location	**History**
Section 19, Town 44 N, Range 05 W	2007R-515322;2007R-513765
New PIN	**Old PIN**
04-021-2-44-05-19-4 00-120-04000	021116208000

Land Value	Improvement Value	Total Acres
80000.00000	56700.00000	1.89500

Wrong address 48480