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
MAY 08 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0142
Date:
Zoning District R-2/—
Amount Paid: $75.00 Cash
5/8/09 RDS

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

Par #2

Legal Description SW 1/4 of SE 1/4 of Section 10 Township 47 North, Range 9 West. Town of Hughes

Gov't Lot _____ Lot _____ Block _____ Subdivision ~~022~~ CSM # _____ Acreage 5.01

Volume 903 Page 524 of Deeds Parcel I.D. 0 22102803001

(Rodney) Property Owner Rod Abbas

Address of Property 4745 Westlund Rd.
Iron River WI 54847

Telephone 372-5969 (Home) _____ (Work)

Contractor Self (Phone) 372-5969

Plumber N/A

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 X Addition _____ Existing _____

Basement: Yes _____ No X Number of Stories 1

Fair Market Value 2500.00 Square Footage 576

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) Wood Shed

☐ Residential Accessory Building Addition (explain) _____

☐ Residential Other (explain) _____

Type of Septic/Sanitary System _____

☐ 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) Rod Abbas Date 5-8-09

Address to send permit 4745 Westlund Rd Iron River WI 54847

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 07-045 Date 2007

Date 5/19/09 Permit Number 09-0142 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SELLCERTIFY SEPTICS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & L.O. PERMIT MAY BE ISSUED. By DOC Date of Inspection 5-15-09

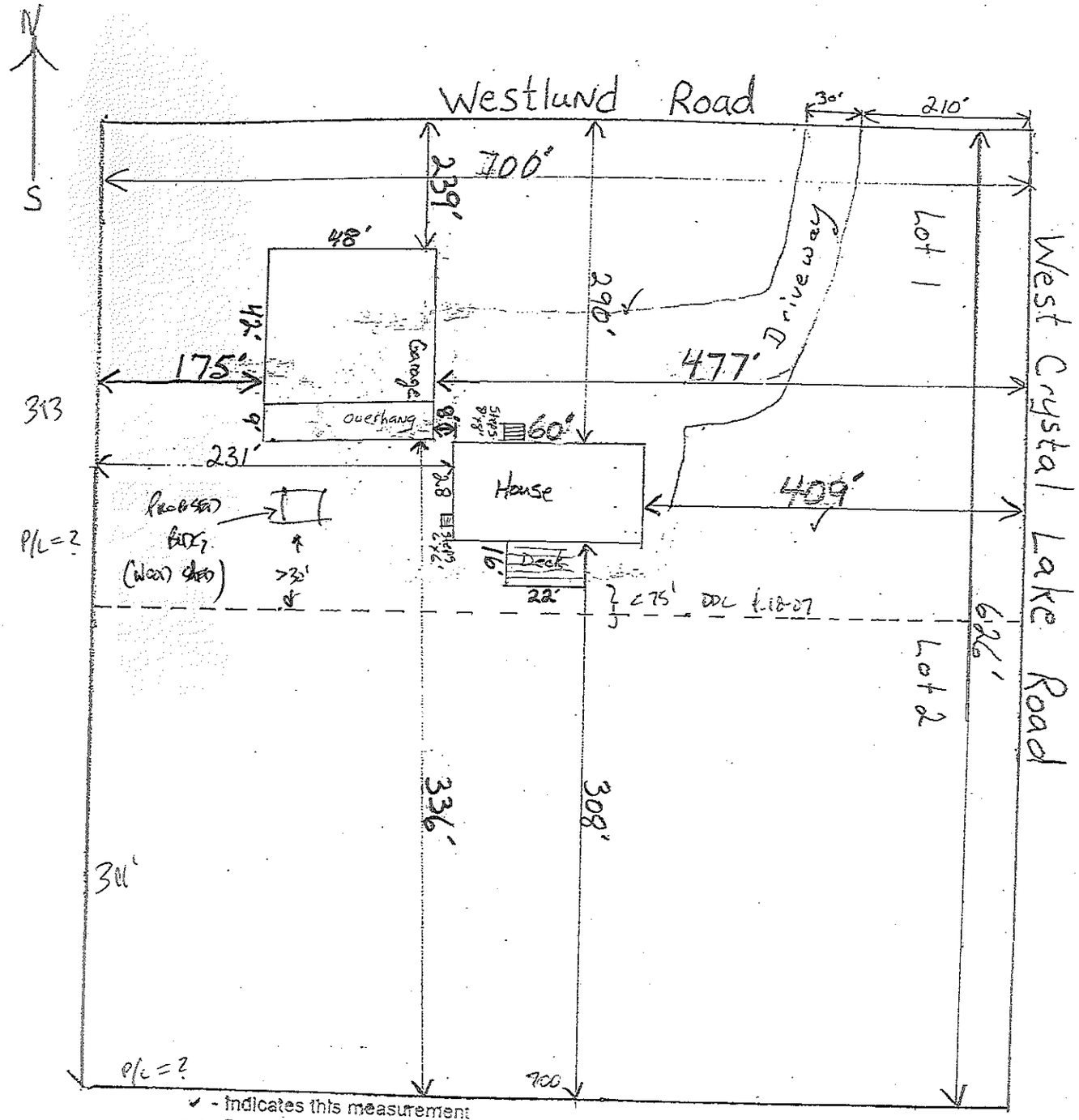
Mitigation Plan Required: Yes ☐ No ☒ _____ Variance (B.O.A.) # _____

Condition: STRUCTURE MUST BE AT LEAST 50' FROM ALL PROPERTY LINES.

Signed _____ 5-15-09
Inspector Date of Approval

Rec'd for Issuance
MAY 19, 2009
Secretarial Staff

07-0173 KY
0172 HOME



✓ - Indicates this measurement was field verified by Zoning Dept and based upon owner (s) and/or agent (s) representation (s) was found to be accurate and code compliant

NOTE - WELL DELINEATED AT INSPECTION