

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

JAN 05 2012
Bayfield Co. Zoning Dept.

Application No.: 12-0105
Date: 5-4-12
Zoning District: F-1
Amount Paid: _____

\$350 + \$32
Zoning
Rod
ENGINEER

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 SE 1/4 of NE 1/4 of Section 13 Township 45 North, Range 5 West, Town of Lincoln

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 30

Volume 486 Page 333 of Deeds Parcel I.D. 04-030-2-45-05-13-1 84-000-20000

Property Owner Glenn Berweger Contractor Self (Phone) _____

Address of Property SE NE LESS V. 502 Plumber _____ (Phone) _____

PG. 24-208 Telephone 715 372-4328 Home (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 _____

Fair Market Value _____ Square Footage _____ Sanitary: New _____ Existing _____ Privy _____ City _____

USE: Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) Gravel Pit

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (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) Glen T. Berweger Date 1/5/12

Address to send permit 66225 Spider Lk Rd. Iron River WI. 54847 ATTACH

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number _____ Date _____

Date 5-4-12 Permit Number 12-0105 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: As is existing By M. Fuchs Date of Inspection 12-8-11

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

Condition: Financial assurance must be in place.

Signed M. Fuchs Date of Approval 4-27-12
Inspector _____

Rec'd for Issuance
M
APR 2 2012

Secretarial Staff