

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

Revised - RECEIVED
 5/5/10
 Dec 17 2009

Application No. 09-0577
 Date: _____
 Zoning District R-1 / class 1
 Amount Paid: \$342
2 cks 12/21/09/mg

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 Section 29 Township 51 North, Range 6 West, Town of Bell
 Gov't Lot 3 Lot 2 Block 2 Subdivision _____ CSM # _____ Acreage 2.57

Volume 699 Page 610 of Deeds Parcel I.D. 010106308000
 Property Owner Kenneth C. & Donna M. Durr Contractor Self - of Stephens Demko (Phone) 715-742-3914
 Address of Property 89530 E. Remens Pt. Rd. Cornucopia, WI Plumber Dennis Bachward 715-373-2070
 Authorized Agent _____ (Phone) _____

Telephone 952-935-7033 (Home) 612-867-7033 (Work)

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
 Fair Market Value \$114,000 Square Footage 1836
USE: 168 ft² 515/10
 * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) 3
 Residence sq. ft. _____
 Residence sq. ft. 1836 Porch sq. ft. 5-5-10
 Deck sq. ft. 364 Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____

Basement: Yes _____ No Number of Stories 1 1/2
 Sanitary: New Existing Privy _____ City _____
 Type of Septic/Sanitary System Horizontal Tank
 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) Kenneth C. Durr Date 11-28-09

Address to send permit 4830 Westgate Road ATTACH
Minnetonka, MN. 55345 Copy of Tax Statement of

* 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 09-1615 Date 11-19-09
 Date 12/21/09 Permit Number 09-0577 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record SE ATTACHED SURVEY MAP STRUCTURE SETBACKS/CADRS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT
 By DDC Date of Inspection 12-17-09

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

Condition: A VALIDLY OBTAINED ONE (ONE) PERMIT FROM THE COUNTY CONTRACTED FOR WASTEWATER TREATMENT MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

NO C/L'S SURVEYED
DO NOT PROCEED UNTIL PERMIT IS ISSUED
 Signed [Signature] Inspector [Signature] Date 12-17-09
 Rec'd for Issuance [Signature] Rec'd for Approval _____

DEC 2009

ADDITIONAL FEES FORTHCOMING.
 \$1600 RECALC OF TO FESSOR AS ATTACHED.

MAY 10, 2010 Secretarial Staff

SECRETARIAL STAFF

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE - X

SANITARY -

SIGN -

SPECIAL -

CONDITIONAL -

BOA -

*Revision
5/5/10*

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **09-0577** Issued To: **KENNETH C. / DONNA M. DURR**

Part of the
Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **29** Township **51** N. Range **6** W. Town of **BELL**

Gov.t Lot **3** Lot **PAR. IN #2** Block Subdivision CSM#

For: **1.5-STORY, 3-BEDROOM RESIDENCE (1836 SQ. FT.) + 364 SQ. FT. DECK + 168** ~~Deck~~ *Revised: Porch*

Condition: **Uniform Dwelling Code (UDC) permit must be obtained from the locally-contracted inspection agency must be obtained prior to start of construction.** *MJ*

Douglas Casina

Authorized Issuing Official

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

*Revision Approved by D.C.
5/5/10*

December 21, 2009

Date