

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 12 2011

Application No.: 11-0124
 Date: 5/20/11
 Zoning District: R-1/CUS 3
 Amount Paid: \$125.00 PDS
 5/13/11

Bayfield Co. Zoning Dept.

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 NE 1/4 of SE 1/4 1/4 of Section 9 Township 410 North, Range 8 West, Town of DELTA
 Gov't Lot 5E Lot 1 Block 5E Subdivision _____ CSM # 1530 Acreage 2.16

Volume _____ Page _____ of Deeds Parcel I.D. 0406246080340100060000

Property Owner KEVIN & JARBA BARKUND Contractor 322E (Phone) 715 341 2247

Address of Property 109XX Seale Drive Iron River WI 54847 Plumber N/A

Telephone 218-341-2697 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

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 4800.00 Square Footage 14x24 Basement: Yes No Number of Stories 1
 USE: _____ Sanitary: New _____ Existing _____ Privy _____ City _____

* Residence or Principal Structure (# of bedrooms) 336 sq ft Type of Septic/Sanitary System None (as per Ord)
 Residence sq. ft. _____ Deck sq. ft. _____ Mobile Home (manufactured date) _____
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) Storage shed
- Residential Other (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) Rumen Barkund Date 5/12/11

Address to send permit 1325 CEDAR DR, SUPERIOR, WI 53580 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 5/20/2011 Permit Number 11-0124 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Structure appears/observed as permitted by other permits to be core
Completed & B.D. permit why By DR Date of Inspection 5-17-11

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

Condition: Structure may not be used for animal husbandry or for using state unless
the appropriate zoning authority's advisory rules are fully met

Rec'd for issuance to signed _____ Date of Approval 5-17-11
 MAY -20 2011
 Secretarial Staff

ENTERED

