

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
JUN 09 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0269
Date: _____
Zoning District: R-1, Class 1
Amount Paid: \$100.00 208
6/11/08

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
Legal Description 1/4 of 35 Township 45 North, Range 9 West, Town of BARNES
Gov't Lot 1 Lot 2 Block _____ Subdivision _____ CSM # *67 Acreage 1.57 AC.

Volume 845 Page 268 of Deeds Parcel I.D. # 004-1222-01 Use Tax Statement for Legal Description

Property Owner Antonio J. Mendoza Contractor Self (Phone) _____
Address of Property 52255 HANS RD Plumber _____
BARNES, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 715 795 2823 (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____
Basement: Yes _____ No Number of Stories 1
Estimated Cost of Construction 200⁰⁰ Square Footage 40 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) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) Stairway to Lake
 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) Antonio J. Mendoza Date 06-09-08
Address to send permit 8630 JENNER LN S Cottage Grove MN 55016 ATTACH Copy of Tax Statement
Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 6/25/08 Permit Number 08-0269 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Property lines per owner's representations.
By M. Furtak Date of Inspection 6-25-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____

Signed Michael Furtak Date of Approval 6-25-08
Inspector _____ Rec'd for issuance _____

JUN 25 2008

Secretarial Staff

Lake

