

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
PERMIT
 MAR 16 2012
 Bayfield Co. Zoning Dept.

Application No.: 12-0077
 Date: 4-20-12
 Zoning District: Aa-1
 Amount Paid: \$625.00 RD5
3/16/12

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 N 1/4 of SE 1/4 of NE 1/4 of Section 29 Township 47 North, Range 5 West, Town of Eileen

Gov't Lot --- Lot --- Block --- Subdivision --- CSM # --- Acreage 20

Volume 1053 Page 441 of Deeds Parcel I.D. 04-0220-2-47-05-29-1 04-000-12000

Property Owner Markus F & Sena L Barsch Contractor SELF (Phone) _____

Address of Property Colby Rd. Mason, WI Plumber Andy Rasmussen & Sons Inc

54856 Authorized Agent N/A (Phone) _____

Telephone 715-746-2104 (Home) 715-209-0513 (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 Basement: Yes No Number of Stories 1

Fair Market Value 150,000 Square Footage 1655 sq ft Sanitary: New Existing Privy City

USE: Residence or Principal Structure (# of bedrooms) 3 Type of Septic/Sanitary System At Grade System

Residence sq. ft. 1564 sq ft Deck(2) sq. ft. 91 sq ft Mobile Home (manufactured date) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Principal Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Accessory Building (explain) _____

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

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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) [Signature] Date 1/21/12

Address to send permit 65635 Colby Rd. Mason, WI 54856 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 12-135 Date 4/13/2012

Date 4-20-12 Permit Number 12-0077 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Proposed Residence is represented by cables wires through the code requirements

the US permit may be issued by DOC RE CONDITIONS Date of inspection 3-11-12

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

Condition: ALL OTHER DAMAGES (VOC) Result from the rocky conditions VOC user's responsibility BE OBTAINED Prior to the start of construction.

Rec'd for Issuance Signed [Signature] Inspector _____ Date of Approval 3-20-12

APR 20 2012

Secretarial Staff

OK 12/12/12
 15:26/12/12



