

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

MAR 03 2010
 Conversion

Application No.: 10-0084
 Date: _____
 Zoning District: F-1/Class 3
 Amount Paid: \$125 res.
\$175 TBA 3/21/10

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 Class A OTHER _____
 Use Tax Statement for Legal Description

Legal Description: S2 1/4 of N2 1/4 of Section 35 Township 48 North, Range S West, Town of Barkdale
 Gov't Lot _____ Block _____ Subdivision _____ Acreage 40

Volume 217 Page 514317 of Deeds Parcel I.D. 04-603-2-43-05-35-104-000-10000
 Property Owner: Paula + Mary Dusenberry Dusenberry Contractor: Owner (Phone) 920-922-9415

Address of Property: 70510 St. Hwy 13 Plumber: Bob's Dns + Hdy
Ashland, WI 54806 Authorized Agent: Paul Erickson (Phone) 715-241-3177

Telephone: 920-928-9815 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing
 Fair Market Value: \$25,000 Square Footage: 1536
 USE: foot print

- * Residence or Principal Structure (# of bedrooms) conversion
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) 2
- Residence sq. ft. 960 Porch sq. ft. _____
- Deck sq. ft. 1616' (1600) Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) 2
- Residence sq. ft. 960 Garage sq. ft. 1536
- Residential Addition / Alteration (explain) convert upper level to living room
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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 2-23-10

Address to send permit: 2800 State Hwy 137 Ashland, WI 54806 ATTACH
 Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number 09-525(2) Date 7-1-09
 Date 4/20/10 Permit Number 10-0084 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Existing 1 1/2 story structure to be converted into residential on upper level of building. Holding Tank was installed in 2009. Requires Class A sanitary use for a residence in F-1 zoning. By Travis Autwsky Date of Inspection 3/04/2010
 Appears to meet all zoning code requirements.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____
 Signed [Signature] Date of Approval 3/04/2010
APR 20, 2010
 Sewerial Staff

Parcel Owner: Ralph and Mary Dusenbery

Owner Address: 505 E. 17th St.
Kaukauna, WI 54130

Project Address T.B.D.

PN: 04-002-2-48-05-35-1

Legal Desc. 9E, NE, (less hwy) Sec 35
T48N, R05W,
V89T P.51437T

Size of Lot: 40 Acres

