

**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 20 2009  
 Bayfield Co. Zoning Dept.

Application No: 10-0114  
 Date: \_\_\_\_\_  
 Zoning District F-1/-  
 Amount Paid: \_\_\_\_\_

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  
SW of NE & SE of NW  
 Legal Description \_\_\_\_\_ 1/4 of Section 22 Township 51 North, Range 4 West, Town of Ressel

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 40  
 Volume 977 Page 801 of Deeds Parcel I.D. 04-046-2-51-04-22-1 03-000-30000

Property Owner Mart Furnusa Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Address of Property 40 Acres Peterson Hill Plumber \_\_\_\_\_  
Bayfield, WI 54814 Authorized Agent Nichole Ferry Lines, Inc. (Phone) 715-209-0993

Telephone 715-729-5031 (Home) 715-209-0993 (Work) Written Authorization Attached: Yes  No   
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_  
**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) \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

- Type of Septic/Sanitary System**
- 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) Farming
- 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) \_\_\_\_\_ Date 5/20/09  
 Address to send permit P.O. Box 1282, Bayfield, WI 54814 ATTACH \_\_\_\_\_  
 Copy of Tax Statement or Attach a Copy of Recorded Deed

\* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

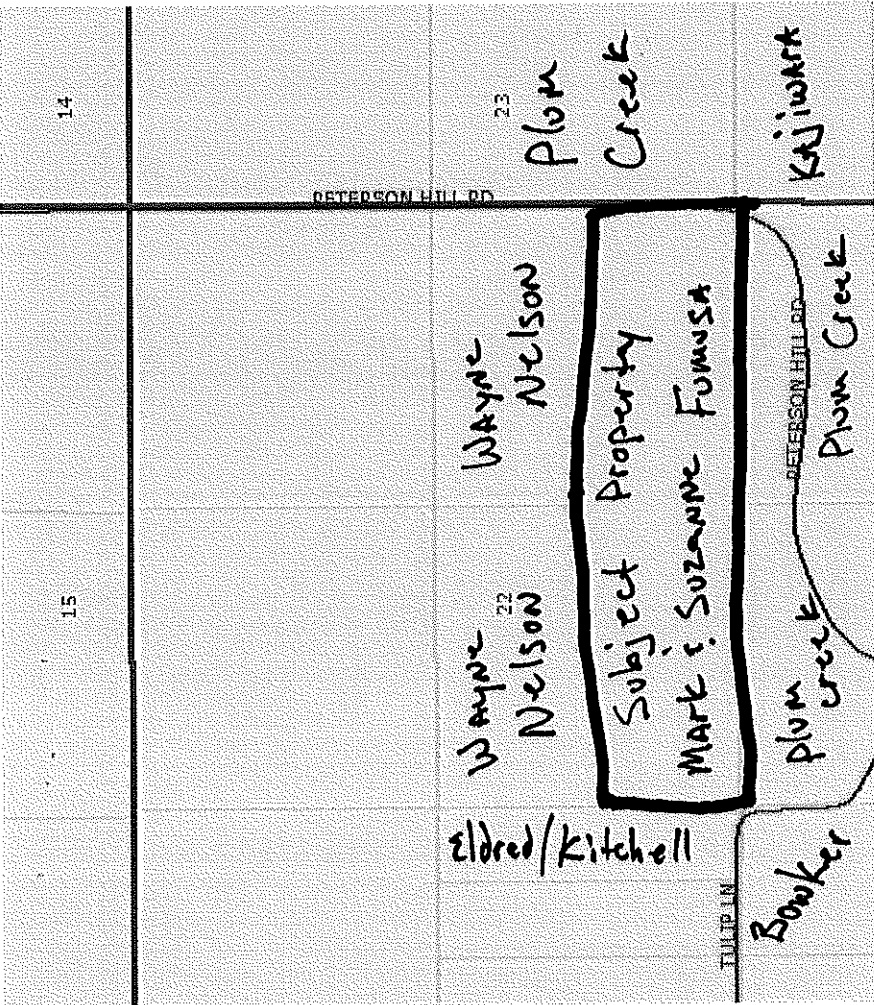
Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 5/7/10 Permit Number 10-0114 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: LOGGED AREA CULTIVATING GRASS PREPARED FOR AGRICULTURAL USE(S)  
 By DPC Date of Inspection 5-27-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Signed \_\_\_\_\_ Date of Approval 5-27-09  
 Inspector \_\_\_\_\_

Rec'd for Issuance

MAY 4, 2010

Secretarial Staff

SEAL BY ZONING



0 0.06 0.12 mi

