

**SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN

**RECEIVED**  
 MAR 30 2016  
 Bayfield Co. Zoning Dept.

**ENTERED**

Permit #:	16-00413
Date:	4-7-16
Amount Paid:	\$775
Refund:	47-16

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.

**TYPE OF PERMIT REQUESTED** →  LAND USE  SANITARY  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: KEITH LOIS Mailing Address: 440 ORIGEN ST BURLINGTON WI 53105 Telephone: \_\_\_\_\_  
 Address of Property: 53985 GEORGE LAKE RD City/State/Zip: BARNES WI 54873 Cell Phone: 262 206 8531  
 Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

**PROJECT LOCATION** Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 11N Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol. & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 530, Township 45N, Range 09 W \_\_\_\_\_ Town of: BARNES Lot Size \_\_\_\_\_ Acreage 7

Recorded Document: (i.e. Property Ownership) Volume 645 Page(s) 15 1311

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. Interment) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 300 feet  
 Non-Shoreland

Is Property in Floodplain Zone?  Yes  No Are Wetlands Present?  Yes  No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$14,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>San</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> _____
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
	<input type="checkbox"/> Foundation					

Existing Structure: (if permit being applied for is relevant to it) Length: 46 Width: 24 Height: 18  
 Proposed Construction: Length: 54 Width: 30 Height: 14

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( )	( )
	Residence (i.e. cabin, hunting shack, etc.) with Loft	( ) ( )	( )
	with a Porch with (2 <sup>nd</sup> ) Porch with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) ( )	( )
<input type="checkbox"/> Commercial Use	Bunhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( ) ( )	( )
	Accessory Building (specify) <u>STORAGE</u>	( <u>30</u> X <u>56</u> )	<u>1680</u>
	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
	Special User: (explain)	( ) ( )	( )
	Conditional Use: (explain)	( ) ( )	( )
	Other: (explain)	( ) ( )	( )

Rec'd for Issuance APR 07 2016

Secretary Staff

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 for any reasonable purpose for the purpose of inspection.

Owner(s): Keith Lois Barnes & Lois Barnes Date 3-28-16  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application.)  
 Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.)  
 Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

