

**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**  
 JUN 30 2017  
 Bayfield Co. Zoning Dept.



Permit #:	17-0024
Date:	7-25-17
Amount Paid:	75 76-17
Refund:	

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  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: GREEN BERGER Mailing Address: 70245 RANGE RD ASHLAND WI 54806 Telephone: 715-682-8220

Address of Property: 70245 RANGE RD City/State/Zip: ASHLAND WI 54806 Cell Phone: 715 209 6912

Contractor: ROBERT HUSBAND Contractor Phone: 715 209-6968 Plumber: NA Written Authorization Attached  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) FRED BROCKER HUSBAND Agent Phone: " " Agent Mailing Address (include City/State/Zip): 70245 RANGE RD ASHLAND WI 54806

PROJECT LOCATION: SW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 702 Tax ID# (4-5 digits) 702 Recorded Deed (i.e. # assigned by Registrar of Deeds) Doc# 641 R 245

Gov't Lot: SW 1/4, SE 1/4 Lot(s): SW 1/4, SE 1/4 CSM: 702 Vol & Page: 702 Lot(s) No.: 702 Block(s) No.: 702 Subdivision: 702

Section: 36, Township: 48 N. Range: 6 W. Town of: BARNS DALE Lot Size: 4/0 Acreage: 4/0

Shoreland  Non-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:        feet

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
\$ <u>15,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>      </u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>CONV</u>	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 28 Height: 21

Proposed Construction: Length: 40 Width: 28 Height: 21

Proposed Use	Proposed Structure	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )	( )
<input type="checkbox"/> with Loft	( )	( )	( )	( )
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	( )	( )	( )
	<input type="checkbox"/> with (2") Porch	( )	( )	( )
	<input type="checkbox"/> with a Deck	( )	( )	( )
	<input type="checkbox"/> with (2") Deck	( )	( )	( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( )	( )	( )
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )	( )
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( )	( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( )	( )	( )
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>STORAGE</u>	( 28 x 40 )	( )	1120
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( )	( )	( )
	<input type="checkbox"/> Rec'd for ISSUANCE	( )	( )	( )
	<input type="checkbox"/> Special Use: (explain) _____	( )	( )	( )
	<input type="checkbox"/> Conditional Use: (explain) _____	( )	( )	( )
	<input type="checkbox"/> Secretarial Staff	<input checked="" type="checkbox"/> 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 which 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.

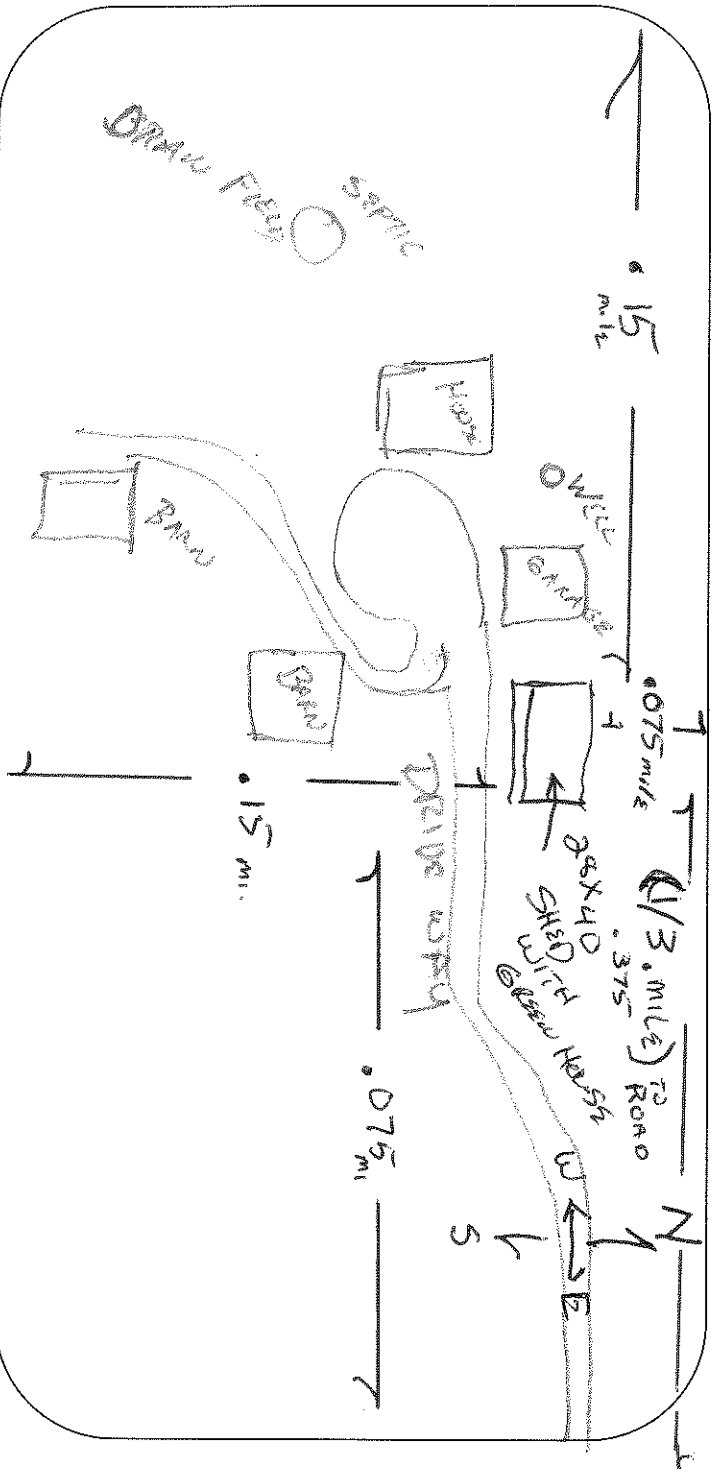
Owner(s): Matthew Berger Date: 30 June 2017  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 70245 RANGE RD ASHLAND WI 54806 Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Review, Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	375 Feet	Setback from the Lake (Ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	386 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	918 Feet	Setback from Wetland	
Setback from the West Lot Line	868 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	437 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	220 Feet	Setback to Well	80 Feet
Setback to Drain Field	220 Feet		
Setback to Privy (Portable, Composting)	220 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <b>17-08974</b>	Permit Date: <b>7-25-17</b>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/Contiguous Lot(s))	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District Lakes Classification	<b>AE-1</b> <b>16/1A</b>
Date of Inspection: <b>7-19-17</b>	Inspected by: <b>J. Murphy</b>	Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)	<b>Building shall not be used for human habitation or sleeping purposes.</b>		
Signature of Inspector:	Date of Approval: <b>7-19-17</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

City, Village, State or Federal  
Permits May Also Be Required

- LAND USE – X
- SANITARY –
- SIGN –
- SPECIAL –
- CONDITIONAL –
- BOA –

# BAYFIELD COUNTY

# PERMIT

**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No. **17-0274** Issued To: **Gretchen Gerber**

Location: **SW** ¼ of **SE** ¼ Section **36** Township **48** N. Range **6** W. Town of **Barksdale**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Residential Accessory Structure: [ 1- Story; Greenhouse (28' x 40') = 1,120 sq. ft. ]**  
 (Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Building shall not be used for human habitation or sleeping purposes.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**  
 \_\_\_\_\_  
 Authorized Issuing Official

**July 25, 2017**  
 \_\_\_\_\_  
 Date

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  
 JUL 03 2017  
 Bayfield Co. Zoning Dept

Permit #:	17-0277
Date:	7-25-17
Amount Paid:	75 76-17
Refund:	

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: Richard W. Sibatak Mailing Address: 30215 Engge Road Washburn WI 54891 Telephone: 715 209 5829

Address of Property: 30215 Engge Road City/State/Zip: Washburn WI 54891 Contractor Phone: NA Plumber: NA Agent Mailing Address (include City/State/Zip): NA Written Authorization Attached  Yes  No

Contractor: NA Authorized Agent: (Person Signing Application on behalf of Owner(s)) NA Agent Phone: NA Agent Mailing Address (include City/State/Zip): NA

PROJECT LOCATION: NW 1/4, NW 1/4 EAST 1/2 of U16001 Legal Description: (Use Tax Statement) 124 Tax ID# (4-5 digits) 124 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: \_\_\_\_\_ R \_\_\_\_\_

Section 13, Township 48 N, Range 05 W Town of: Barkdale Lot Size \_\_\_\_\_ Acreage 5

Shoreland  Non-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: \_\_\_\_\_ feet

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
<u>\$4000.00</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Aleration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<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>Septic</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"/> City <input checked="" type="checkbox"/> Well
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 321 Width: 9' Height: 11'

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

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> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( X ) ( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Aleration (specify) Accessory Building (specify) <u>wood shed</u>	( X ) ( X ) ( 9' X 321 )	<u>288</u>
	Accessory Building Addition/Aleration (specify)	( X )	
	Rec'd for Issuance		
	JUL 24 2017		
	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
	Secretarial Staff	Other: (explain)	( X )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that the 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(s): [Signature] Date 7-3-17

(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)

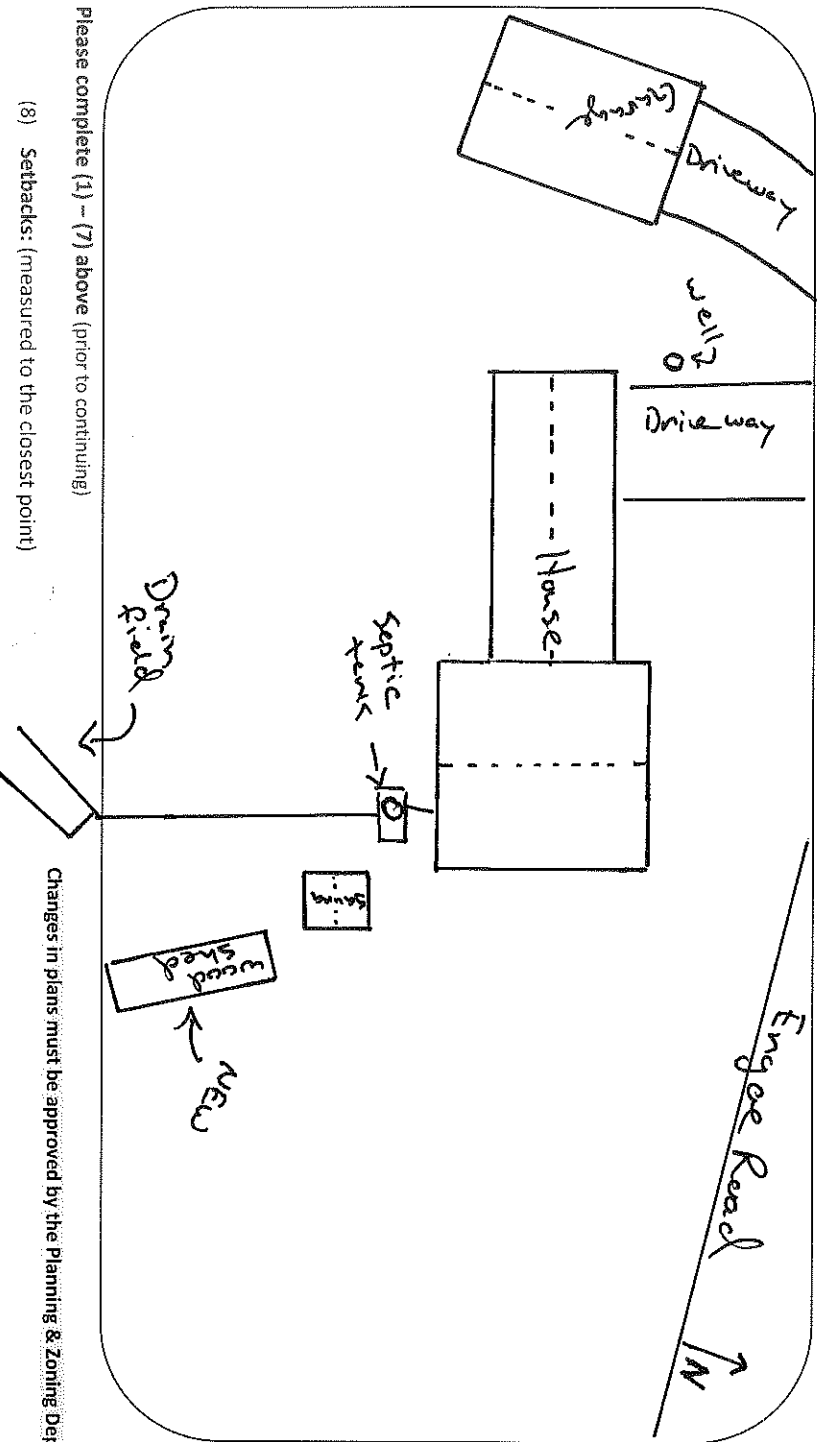
Address to send permit 30215 Engge Road Washburn WI 54891

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)  
 (8) Setbacks: (measured to the closest point)  
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	265' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	232' Feet	Setback from the River, Stream, Creek	Feet
260' Easement on Englee?		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	232' Feet	Setback from Wetland	Feet
Setback from the South Lot Line	357' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	215' Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	120' Feet	Setback to Well	100' Feet
Setback to Septic Tank or Holding Tank	45' Feet		
Setback to Drain Field	95' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).  
 NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 46735D # of bedrooms: 3 Sanitary Date: 10.13.05

Permit Denied (Date): Permit Date: 7-25-17

Reason for Denial: replacement system

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						

Granted by Variance (B.O.A.) Case #:  Yes  No

Previously Granted by Variance (B.O.A.) Case #:  Yes  No

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No

Was Property Surveyed  Yes  No

Inspection Record:

Date of Inspection: 7-20-17 Inspected by: J. Murphy

Conditions: Town, Committee or Board Conditions Attached?  Yes  No - (if No they need to be attached.)

Building shall not BE USED FOR HUMAN HABITATION.

Signature of Inspector: [Signature]

Date of Approval: 7-21-17

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:

City, Village, State or Federal  
Permits May Also Be Required

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0277** Issued To: **Richard & Louise Sobotzak**

**E 1/2 OF E 1/2 OF N 660' OF**

Location: **NW** 1/4 of **NW** 1/4 Section **13** Township **48** N. Range **5** W. Town of **Barksdale**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Accessory Structure: [ 1- Story; Wood shed (9' x 32') = 288 sq. ft. ]**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Building shall not be used for human habitation.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**July 25, 2017**

Date