

NOT COMPLETED ORIGINAL
 AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 DEC 13 2011

Bayfield Co. Zoning Dept

Application No.: 12-0002
 Date: 12/12/11
 Zoning District: ~~RS1~~ R2
 Amount Paid: \$1500
 \$50-SANITARY
 12/14/11

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 SW 1/4 of S2 1/4 of S2 1/4 of Section 31 Township 45 North, Range 9 West, Town of Barnes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.065

Volume 1224 Page 213 of Deeds Parcel ID 040042452093440300040000

Property Owner Sandra Drinkline Contractor Gary Spenk (Phone) 715-296-2570

Address of Property 4520 E. Robinson LK Rd. Plumber Pat Anderson - Spooner 715-416-0322

Barnes, WI 54873 Authorized Agent J. H. Anderson (Phone) 715-466-4880

Telephone 715-529-2042 (home) (Work) Written Authorization Attached: Yes No 715-529-2042

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 _____

Fair Market Value \$445,000 Square Footage 1,280 sq ft Sanitary: New _____ Existing Privy _____ City _____

USE: Type of Septic/Sanitary System Conventional

* Residence or Principal Structure (# of bedrooms) 2 Mobile Home (manufactured date) _____

Residence sq. ft. 1280 Commercial Principal Building _____

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

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (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) Baby Shenglin - Northbound Home Sales Date 11-9-11

Address to send permit 900 Wanner St. Minong WI 54859

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 87544 Date 2-17-87

Date 1/12/12 Permit Number 12-0002 Permit Denied (Date) _____

Reason for Denial: Meets all attached. Some location as existing

Inspection Record: Inspected by M. Fustala Date of Inspection 12-28-11

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

Condition: _____

Signed Michael Fustala Date of Approval 12-28-11

Inspector _____ Date of Approval _____



91K
 12/13/11

569'

N ↑

