

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 14 2012
 Bayfield Co. Zoning Dept.

Application No.: 12-0035
 Date: 3/23/12
 Zoning District: R-3, Class 1
 Amount Paid: \$ 75.00 EOS
3/14/12

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 N4E 1/4 of S4E 1/4 of Section 6 Township 44N North, Range 9 West, Town of BARNES
 Gov't Lot _____ Lot 6 Block _____ Subdivision _____ V.41 P.123 CSM # 000559 Acreage 0.1330 REC. 2,130 CALL 3,890

Volume 615 Page 323 of Deeds Parcel I.D. 04-004-2-44-09-16-3 01 000 - 40000

Property Owner DANIEL & ROBERTA STEIN Contractor Self (Phone) _____
 Address of Property SUBJECT: 49410 ST HUDY 27 Plumber _____
1980 BLUEBERRY LN. BARNES, WI Authorized Agent _____ (Phone) _____
MILWAUKEE; AURORA, IL 60506

Telephone 630 892 7566 (Home) 630 897 4651 (Work) Written Authorization Attached: Yes No

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 _____ Fully Built _____
 Fair Market Value \$ 22,000 Square Footage 440 SQ FT
ADOL, 200SQ FT ROOF ONLY

USE: Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System COM
 Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building

Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____ Porch sq. ft. _____

Deck sq. ft. _____ Commercial Accessory Building (explain) _____
 Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____
 Residential Accessory Building (explain) Boiler Bldg. Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Other (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) DANIEL & ROBERTA STEIN Date 3/12/12
DAN STEIN 1980 BLUEBERRY LN AURORA, IL 60506

Address to send permit _____ ATTACH
 * See Notice on Back Copy of Tax Statement or
 (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 3/23/12 Permit Number 12-0035 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Well checked Meet to all setbacks Property being purchased
reparents to By Mr. Finkle Date of Inspection 3-20-12

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: May not be used for human habitation. No water under
pressure in structure.

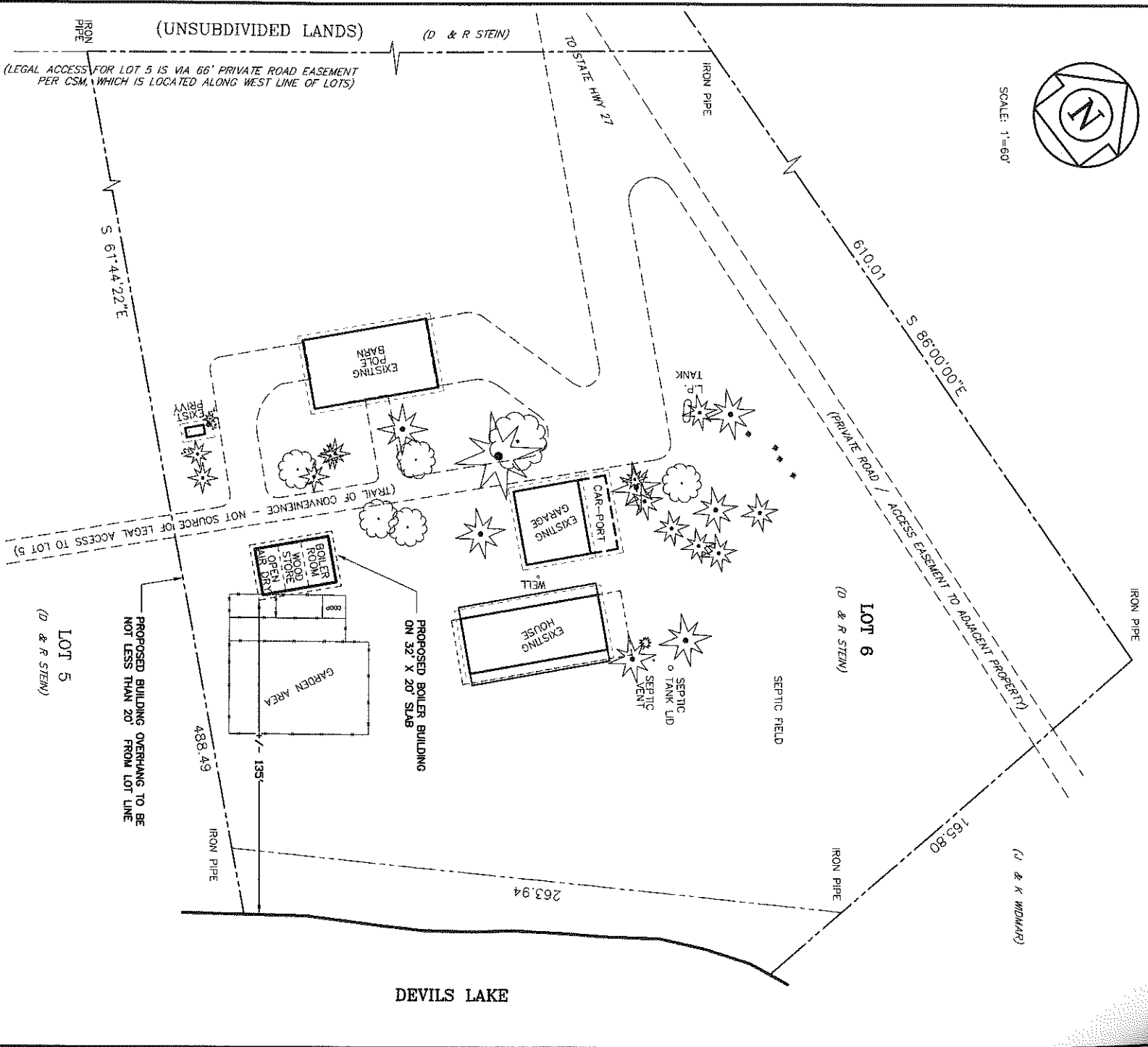
Record for Issuance _____ Signed Michael Swartz Date of Approval 3-21-12
MAR 23 2012 Inspector _____

Secretariat Staff

OK KIC
 3/22/12



SCALE: 1"=60'



DEVILS LAKE

REVISIONS

DESIGNED	DHS	APPROVED	DHS	BOOK	JOB NUMBER
DRAWN	DHS	DATE	03/04/12	SCALE	1"=60'

SITE PLAN - STEIN PROPERTY - DEVILS LAKE
 TOWN OF BARNES, BAYFIELD CO. WI
 LOT 6 - CSM# 000559 VOL. 4 PG. 123+

SHEET	1
OF	1