

\$100

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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**  
 JAN 14 2011  
 3:20 PM

Bayfield Co. Zoning Dept.

Application No.: 11-0011  
 Date: \_\_\_\_\_  
 Zoning District: F-1, Class 3  
 Amount Paid: \$100  
1/14/11 mg

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 NE 1/4 of NE 1/4 of Section 3 Township 43 North, Range 9 West, Town of Barnes

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 39.929

Volume 782 Page 315+ of Deeds Parcel I.D. 04-004-2-43-09-03-1 01-000-1000

Property Owner Plum Creek Timberlands Inc Contractor self (Phone) \_\_\_\_\_

Address of Property ATTN: Paul Hanson Plumber \_\_\_\_\_

43 Rd, Barnes, WI 54873 Barnes Authorized Agent Paul Hanson (Phone) 558-2200

Telephone \_\_\_\_\_ (Home) 715-558-2200 (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  Basement: Yes \_\_\_\_\_ No  Number of Stories \_\_\_\_\_

Fair Market Value \$2,000 Square Footage 480 sq Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) 16' x 30' Type of Septic/Sanitary System None

\* 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. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) Bridge

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) Gene Hanson Date 1-3-11

Address to send permit 159521 Rivers Edge Pr. Hayward, WI ATTACH \_\_\_\_\_

\* See Notice on Back

Copy of Tax Statement or \_\_\_\_\_

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Attach a Copy of Recorded Deed \_\_\_\_\_

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 1/24/11 Permit Number 11-0011 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: \_\_\_\_\_

By M. Furtak Date of Inspection 1-18-11

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

Condition: Bridge must be removed as required by

DNR permit. GR-NO-2010-4-05170

Signed Michael Furtak 1-19-11 Insurance \_\_\_\_\_

Inspector \_\_\_\_\_

JAN 20 2011

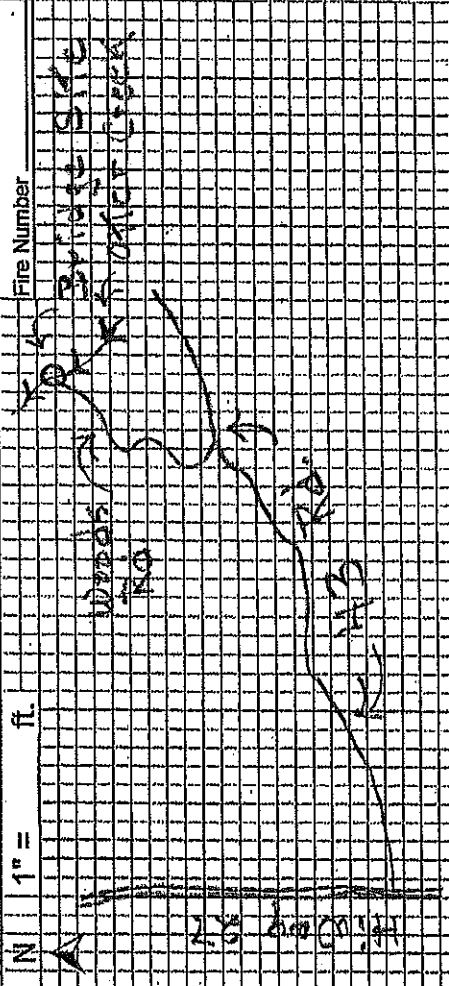
Secretarial Staff

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Section V - Location Sketch, Proposed Material, and Project Plan

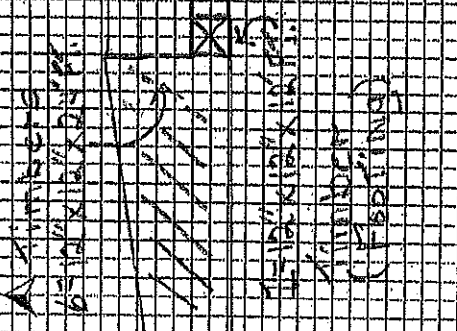
Drawings of proposed activity should be prepared in accordance with sample drawing.

Proposed Materials  
 6 = 12" x 24" FT. Timbers  
 2 = 12" x 12" FT. Timbers  
 6 = 4' x 16' FT. Mats  
 Bridge will be  
 Cabled to Uge.  
 Hemlock.

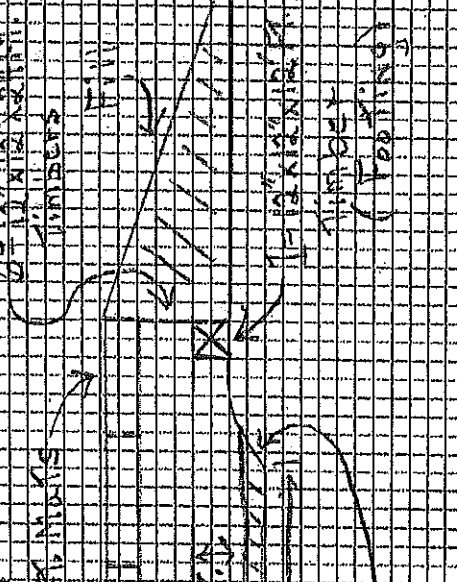


Section VI - Profile for View and Plan

1" = 10' ft.



CROSS View  
 Top



END VIEW  
 Gross Section

