

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  
 MAY 31 2011

Bayfield Co. Zoning Dept.

Application No: 11-0165  
 Date: \_\_\_\_\_  
 Zoning District: R-1 R3 Class 1  
 Amount Paid: \$75.00 PDS  
5/31/11

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 N16S14 of 04-004-2-44-09-18-105 202-21000 1/4 of Section 18 Township 44 North, Range 004-1121-05M # 000 West, Town of Barnes  
 Gov't Lot 2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Parcel I.D. 04-004-2-44-09-18-1 05-002-01000 Acreage \_\_\_\_\_  
 Volume 405 Page 204 of Deeds \_\_\_\_\_

Property Owner ROBERT PAUL JONES Contractor SELF (Phone) \_\_\_\_\_  
 Address of Property 49770 PALMER ROAD Plumber \_\_\_\_\_  
BAVIER WI 54873 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 6516969075(Home) 628244140(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 \_\_\_\_\_ Number of Stories 1  
 Fair Market Value \$4,000 Square Footage 208 sq Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City Gov.  
 USE: \_\_\_\_\_ Type of Septic/Sanitary System ST

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) 12' x 34' Add. Garage  
 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) [Signature] Date 5/25/2011  
 Address to send permit 1202 10100 AVE ST PAUL, WI 55116 ATTACH \_\_\_\_\_  
 \* See Notice on Back Copy of Tax Statement   
 APPLICANT — PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 09-785 Date 8/5/09  
 Date \_\_\_\_\_ Permit Number \_\_\_\_\_ Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structure is existing Meets all standards Property lines per owner's representations. BY M. Furtak Date of Inspection 6-7-11  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_

Signed [Signature] Date of Approval 6-8-11  
 Inspector \_\_\_\_\_