

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
 JUN 06 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-03305
 Date: 9/14/11
 Zoning District: RRB, Class I
 Amount Paid: \$75 6/16/11 eos

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 1/4 of 1/4 of Section 18 Township 44 North, Range 9 West, Town of Barnes
 Part of Gov'l Lot 1 Lot U#1 Block 1 Subdivision Boulder Retreats Condo Acreage 2.817 + 7.67
 Volume 1053 Page 544 of Deeds Parcel I.D. 04-004-2-44-09-18-1 05-001-03000

Property Owner George E. Lutzdorf, Mary Tipp Contractor self (Phone) 03000
 Address of Property 1765 Boulder Lodge Rd, Barnes, WI 54873 Plumber _____ (Phone) _____
 Telephone 218-343-4666 (Home) _____ (Work) _____ Authorized Agent _____

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 1
 Fair Market Value \$1,000 Square Footage 256 Sanitary: New Existing Privy City _____
 USE: _____ Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) deck 256 Commercial Other (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (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) George Lutzdorf / Mary Tipp Date 5/31/11
 Address to send permit 2350 Ohio Ave Superior WI 54880 ATTACH _____
 * See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 9/14/11 Permit Number 11-03305 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Non-conforming structure 300' x 40' w/m quad 46' x 60' from E of Tom Road. By M. Fustal Date of Inspection 6-7-11
 Mitigation Plan Required: Yes No done per BOA 10-07B Variance (B.O.A.) # 10-07B
 Condition: See BOA decision # 10-0494

Signed Michael Fustal Date of Approval 6-8-11
 Inspector _____

\$75 ENTERED