

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
APR 27 2011

Bayfield Co. Zoning Dept.

Application No: 11-0334
Date: 9/20/11
Zoning District: R-2
Amount Paid: _____

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield County Zoning Department. 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

Illegal Description NW 1/4 of NE 1/4 of Section 24 Township 45 North, Range 9 West, Town of Barnes CSM # _____ Acreage 15

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ Parcel I.D. 04-004-2-45-09-24-1 02-000-20000

Volume 812 Page 82 of Deeds
Property Owner John & Julie Melin Contractor SELF (Phone) _____

Address of Property 6595 Hall Rd. Barnes, WI 54873
Plumber _____ (Phone) _____
Telephone 715 795-2328 (Home) _____ (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 1
Fair Market Value \$ Square Footage 980 sq ft
Sanitary: New Existing Privy _____ City _____
Type of Septic/Sanitary System Conv

- * 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) _____
- Commercial Principal Building Addition (explain) _____
- Residential Accessory Building (explain) _____
- Commercial Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Commercial Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- Commercial Other (explain) _____
- Special/Conditional Use (explain) Mobile home for storage
- External Improvements to Principal Building (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) Julie D. Melin Date 04-04-11
Address to send permit 6555 Hall Road Barnes, WI 54873 ATTACH _____
Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 9/21/11 Permit Number 11-0334 Permit Denied (Date) _____

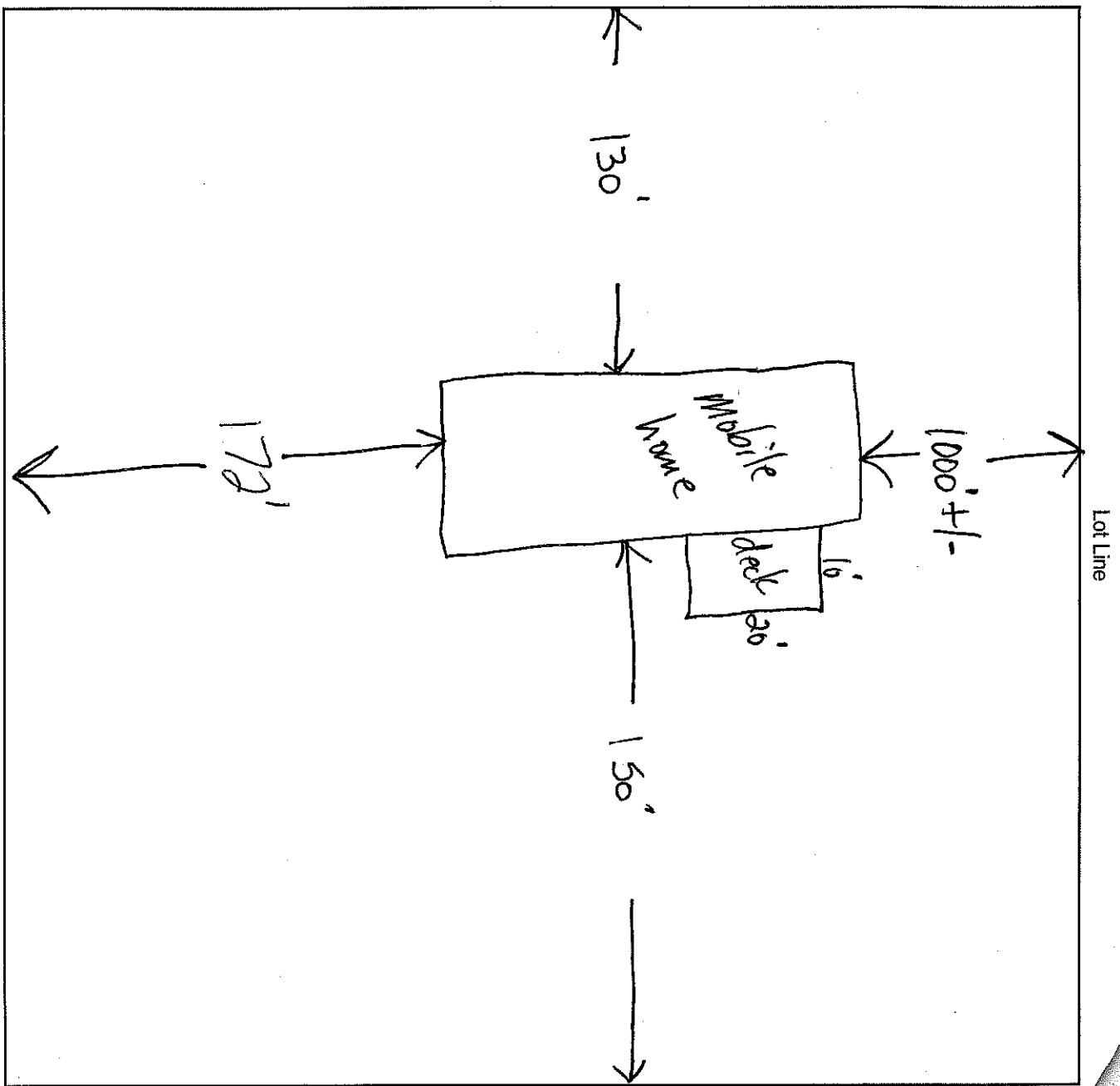
Reason for Denial: Meets all criteria.
Inspection Record: _____
By: M. Furtak Date of Inspection 4-26-11

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

Condition: No water under pressure in structure No human habitation.
(see affidavit & ZC decision)
Signed Michael Furtak Date of Approval 4-27-11
Rec'd for Issuance _____

SEP 21 2011
Secretarial Staff





Name of Frontage Road (Hall Rd)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

