

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**  
 SEP 07 2011  
 Bayfield Co. Zoning Dept.

Application No.: 11-0414  
 Date: 10/31/11  
 Zoning District: R-1 Class 1  
 Amount Paid: \$550 9/11/11 008

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 3 Township 44 North, Range 9 West, Town of Barnes  
 Gov't Lot 4 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage .6  
 Volume 949 Page 810 of Deeds Parcel I.D. 04-004-2-44-09-03-3 05-004-11000

Property Owner Jeanne M. Riess Contractor self (Phone) \_\_\_\_\_  
 Address of Property 5140 Lake Rd Plumber \_\_\_\_\_  
Barnes, WI 54873

Telephone 715-795-3163 (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 2  
 Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
 USE: \_\_\_\_\_  
 Type of Septic/Sanitary System Conventional  
 \* 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 sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ Commercial Other (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (explain) \_\_\_\_\_  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) Home-based business

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) Jeanne M. Riess Date Sept. 6, 2011  
 Address to send permit 5140 Lake Rd, Barnes, WI 54873 ATTACH \_\_\_\_\_  
 \* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE  
 Copy of Tax Statement or  
 Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 10/31/11 Permit Number 11-0414 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structure is existing. Meets all required setbacks.  
 By Mr. Fuchs Date of Inspection 10-25-11  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_

Signed Michael Fuchs Date of Approval 10-28-11  
 Inspector \_\_\_\_\_  
 Rec'd for issuance OCT 31 2011

Secretarial Staff

