

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

Application No.: 10-0052
Date: _____
Zoning District: F-1
Amount Paid: \$75
3/22/10/mg

RECEIVED
MAR 16 2010

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 36 Township 45 North, Range 09 West, Town of Barnes
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
Volume 879 Page 921 of Deeds Parcel I.D. 004-1327-02990 040042450936401000/0000

Property Owner Herbert Engler
Address of Property 52520 Pease Road
Barnes, WI 54873

Telephone 507-334-5834 (Home) 507-334-2233 (Work)
507-838-8531 Mobile

Is your structure in a Shoreland Zone? Yes No If Yes, _____

Structure: New _____ Addition Existing _____
Fair Market Value \$13,000 Square Footage 576

- USE: * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) Garage Storage
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) Herbert Engler Date March 15-2010
Address to send permit 2305 Green Drive FARBABUSH, MN. 55021 ATTACH

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 3/31/10 Permit Number 10-0052 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Actual setbacks. Property lines per owners representations By M. Fustak Date of Inspection 3-30-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed Michael Fustak Inspector Date of Approval 3-31-10
Rec'd for Issuance

