

AJF - Temp

\$100

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

MAR 03 2010

Application No: 10-0002T
Date: _____
Zoning District: RRB
Amount Paid: ~~Per \$100 Cash~~
3-2-10 (MF) 3/3/10 MF
\$50 + \$50 ATF

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 Section 9 Township 44 North, Range 9 West, Town of Barnes

Part of Gov't Lot 11 Lot _____ Block _____ Subdivision site 5-125 CSM # 7.404

Volume 995 Page 107 of Deeds Parcel I.D. 04-004-d-44-09-09-3 05-011-01000

Property Owner Cleo M. Marshall (Mike) et al. Contractor self (Phone) _____

Address of Property 3145 Paint-O-Pines Rd Plumber _____

Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 795-2678 (Home) 795-2684 (Work) _____

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

Structure: New Addition Existing _____

Fair Market Value \$1,000 Square Footage 980

USE: * Residence or Principal Structure (# of bedrooms) 14' x 70'

Residence sq. ft. _____

* Residence wideck-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) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Commercial Principal Building (explain) _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) _____

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) * Michael Sull Date 3-2-10

Address to send permit 3055 City Hwy N., Barnes, WI 54873 ATTACH

* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 3/31/10 Permit Number 10-0002T(ATF) permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Ms pad. Not anchored. Not skited. Meets all setbooks. By M. Furtak Date of Inspection 3-30-10

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

Condition: Must be removed or complete the Land Use Permit process by 3-31-11.

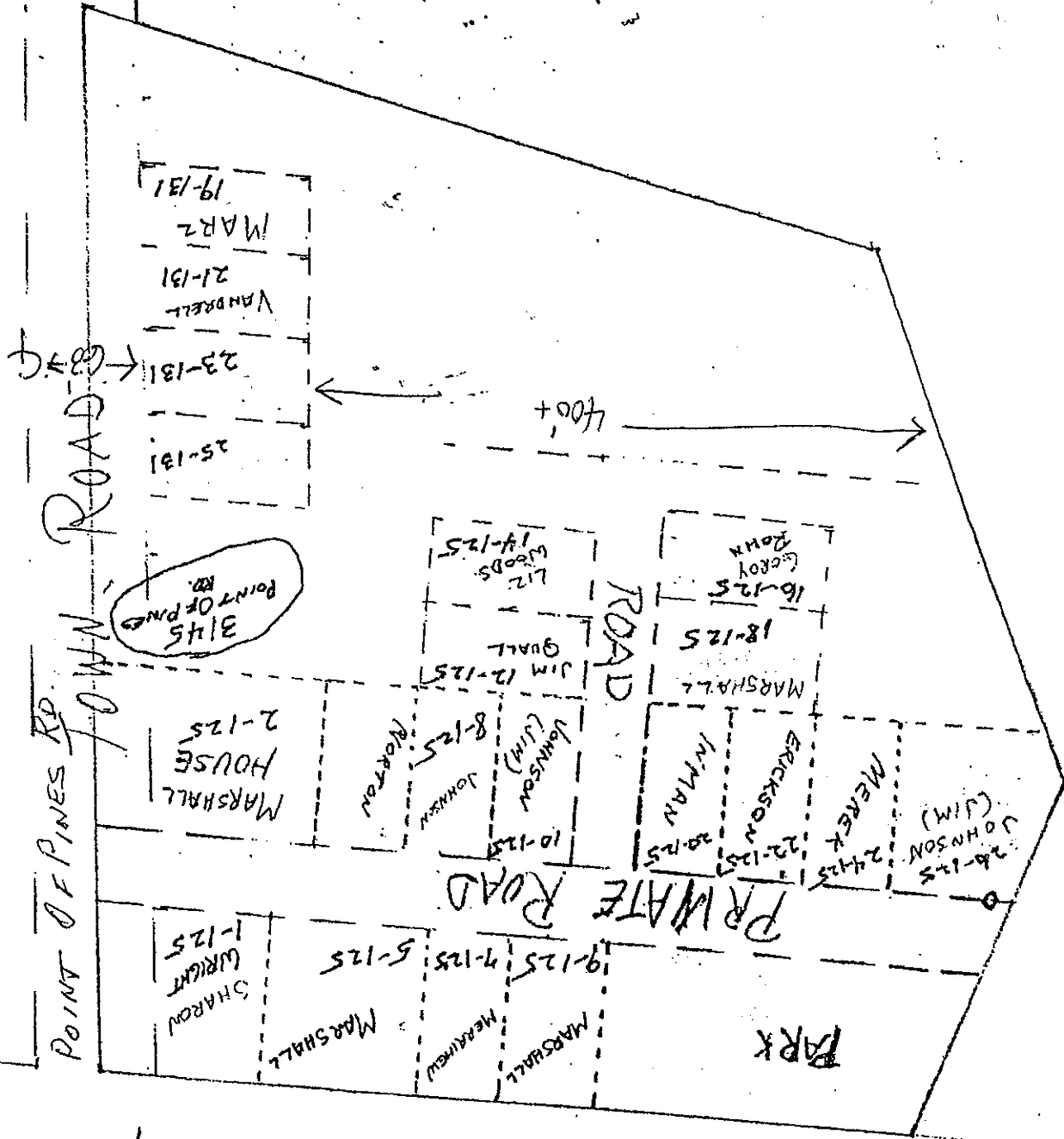
Signed Michael Furtak Inspector Date Rec'd for Issuance 3-31-10

MAR 31 2010

Fred (Fritz) Barnes 795-2252 94-3335

Sanitorial Staff

Point of Pines, WI 54873
Phone 795-2684



ROAD 27