

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 28 2010

Application No: 10-0124
 Date: _____
 Zoning District: R-2
 Amount Paid: 75
4/29/10 mg

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 SW

Legal Description NW 1/4 of ~~SW~~ 1/4 of Section 21 Township 44 North, Range 9 West, Town of Barnes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 6.390

Volume 1014 Page 53 of Deeds Parcel I.D. 04-0042-44-09-21-3 02-000-50000

Property Owner Michelle L. Ruprecht Contractor Dave Christensen (Phone) 795-2358

Address of Property 3135 South Shore Rd Plumber _____

Telephone 795-2209 (Home) Same (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No **if yes.** Written Authorization Attached: Yes No

Structure: New _____ Addition _____ Existing X Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value \$ 4,000 Square Footage _____ Basement: Yes _____ No Number of Stories 1

USE: Sanitary: New _____ Existing Conv Privy _____ City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____

Residence sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

asidental Other (explain) Lower Roof to rest Addition Roof External Improvements to Accessory Building (explain) _____

Owner or Authorized Agent (Signature) Michael Ruprecht Date 4-21-2010

Address to send permit 3135 South Shore Rd, Barnes, WI 54873 ATTACH _____

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

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 5/10/10 Permit Number 10-0124 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing. By M. Furtak Date of Inspection 5-7-10

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

Condition: No increase in structures' footprint.

Signed Michael Furtak Inspector

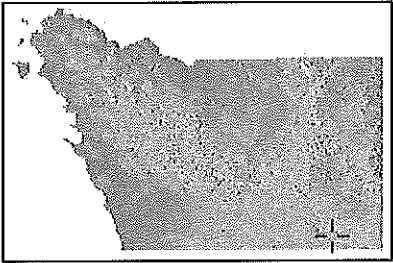
Date of Approval 5-16-10

Rec'd for Issuance

MAY 10 2010

City of Bayfield

Ruprecht Aerial Map



BAYFIELD COUNTY

0 0.01 0.02 mi