

Lot 26  
Lot 27 04-004-2-45-09-08-3 00-270-09000 -08000

ENTERED

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

JUN 08 2010

Application No.: 10-0191  
Date: \_\_\_\_\_  
Zoning District: R-1  
Amount Paid: \$75.00 RDS  
6/10/10

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 8 Township 45N North, Range 9W West, Town of Barnes  
Gov't Lot Lot 26 Subdivision <sup>Runnys Sear's Addition</sup> to Barnes Estates SSM # 9 Acreage .9  
Volume 1040 Page 816 of Deeds Parcel I.D. 004-1320-04-000, 004-1320-05-000  
Property Owner Kevin + Lauri Ann Krospe Contractor Self (Phone) 715-235-9685  
Address of Property 2120 Pine Chip Drive Plumber \_\_\_\_\_  
Barnes, WI 54873 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-235-9685 (Home) 715-505-9685 (Work)

Is your structure in a Shoreland Zone? Yes  No  if yes.

Structure: New \_\_\_\_\_ Addition Existing   
Fair Market Value 19,000 Square Footage 1100 sq ft  
Type of Septic/Sanitary System \_\_\_\_\_  
 Mobile Home (manufactured date) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 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) \_\_\_\_\_

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) New Roof / Decking  
 Residential Accessory Building (explain) windows/siding  
 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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 6-6-10  
Address to send permit 15591 2nd Street, Menomonie, WI 54751 ATTACH

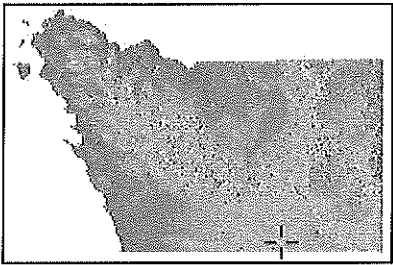
\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued:	State Sanitary Number _____ Date _____
Date:	6/10/10 Permit Number 10-0191 Permit Denied (Date) _____
Reason for Denial:	_____
Inspection Record:	Substandard lots of wood that are fused. Structure is existing By M. Funtak Date of Inspection 6-16-10
Mitigation Plan Required:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Variance (B.O.A.) # 6
Condition:	_____
Signed	Michael Funtak Inspector
Date of Approval	6-17-10
Rec'd for Issuance	_____

JUN 21 2010

Unassigned Staff

**Knospe Aerial Map**



BAYFIELD COUNTY

0 0.01 0.02 mi