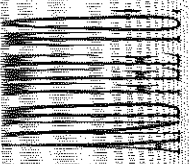


2
\$12.5
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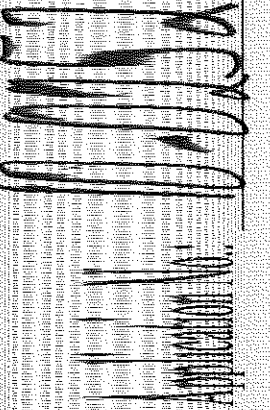
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT



Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
JUL 14 2010



Date: _____
Zoning District: RRB
Amount Paid: \$175.00 COS
7/14/10

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 SE 1/4 of NE 1/4 of Section 36 Township 45 North, Range 9 West, Town of Barnes

Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 6.41

Volume 941 Page 939 of Deeds Parcel I.D. 04-004-2-45-09-36-1 04-000-02000

Property Owner Robert Van Dorn Contractor Jim Johnson (Phone) 795-2359

Address of Property 6935 Cty Hwy N Barnes, WI 54873 Plumber _____ Authorized Agent _____

Telephone 795-2000 (Home) 580-0337 (Work) _____

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 _____

Fair Market Value \$15,000 Square Footage 300 ft Number of Stories 1

USE: _____

* Residence or Principal Structure (# of bedrooms) 10' x 30'

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) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) roof over entry deck

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) Robert Van Dorn Date 7-13-10

Address to send permit Same as above ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7-23-10 Permit Number 10-0252 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Non-conforming structure

By Mr. Furtak Date of Inspection 7-20-10

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

Condition: No increase to structures footprint.

Signed Michael Furtak 7-21-10

