

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

\$375 <sup>2</sup> ENTERED

Application No.: 10-0289  
 Date: \_\_\_\_\_  
 Zoning District: F-1  
 Amount Paid: 7/20/10 \$375  
RDS

RECEIVED  
 DEC 15 2009

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 SW SE 1/4 of SW 1/4 of Section 21 Township 44 North, Range 09 West, Town of BARNES

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_

Volume 994 Page 77 of Deeds Parcel I.D. 04-004-2-44-09-21-3 & 04-004-2-44-09-21-4

Property Owner KATHLEEN SENSKE Contractor T.B.D. 03-000-10000 (Phone) \_\_\_\_\_

Address of Property 1.3 MILES SOUTH OF S. SHORE RD. BARNES, WI 54873 Plumber \_\_\_\_\_

Telephone 715-634-5207 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Authorized Agent NATHAN WARD (Phone) 414-788-1327

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_ Written Authorization Attached: Yes  No

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_ Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Fair Market Value \$154,000 Square Footage \_\_\_\_\_ Sanitary: New N/A Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System N/A

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) EQUIPMENT SHED

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

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) COMMUNICATIONS TOWER

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) CUP COMMUNICATION TOWER

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Owner or Authorized Agent (Signature) [Signature] Date 12/15/09

Address to send permit 1200 RIVA RIDGE, RACINE, WI 53402 ATTACH \_\_\_\_\_

\* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE CUP 12/10 Copy of Tax Statement or \_\_\_\_\_ Attach a Copy of Recorded Deed) \_\_\_\_\_

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 8-9-10 Permit Number 10-0289 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Well staked. Meets all attached. Property owner's representations By M. Funtak Date of Inspection 12-18-09

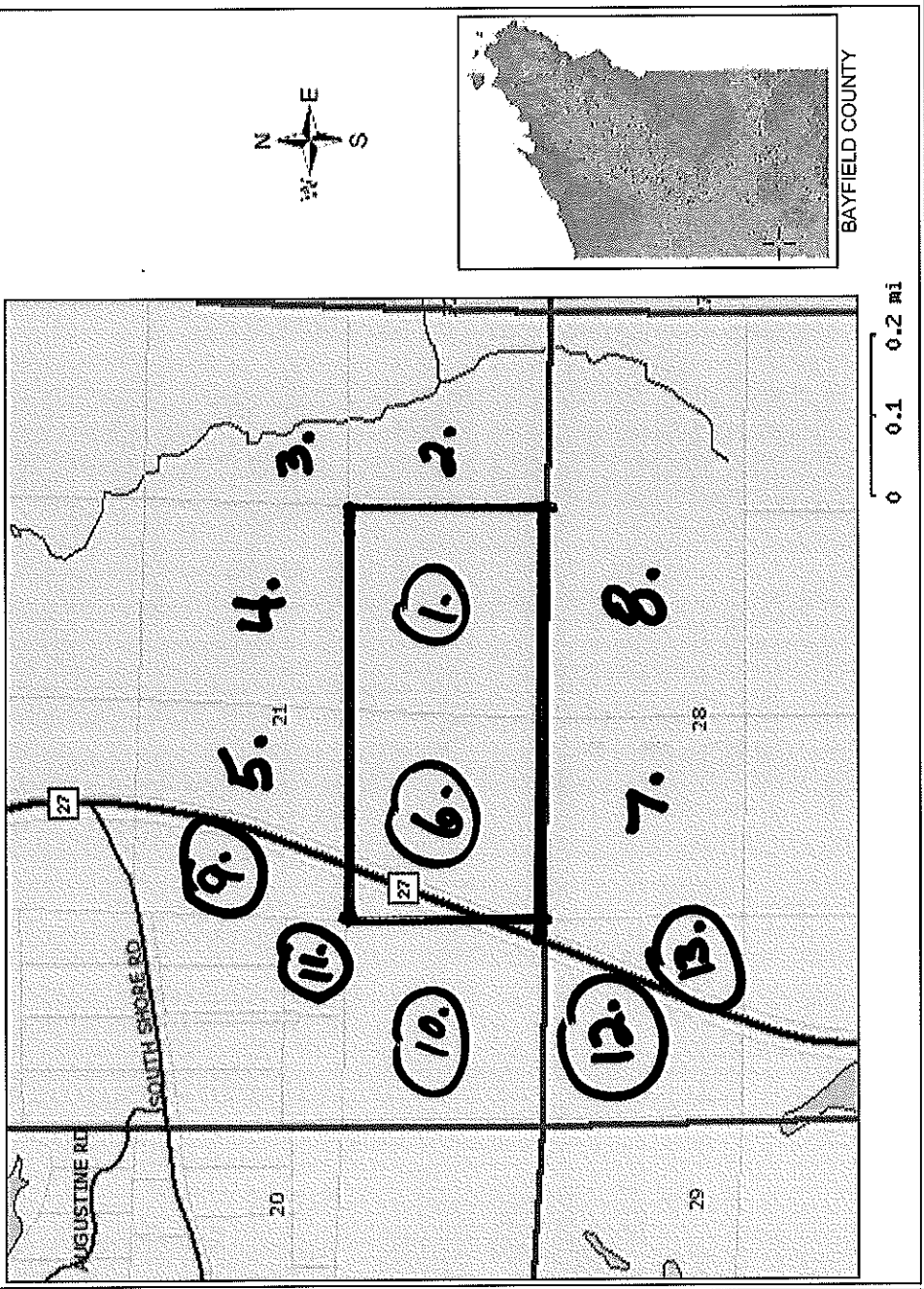
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: see ZC meeting decision and affidavit  
No add'l conditions were placed x BC P&Z Critter.

Signed Michael Funtak 2-8-10 Date of Approval \_\_\_\_\_  
 Inspector \_\_\_\_\_

SENT BY ZONING

### Senske Adjoining Property Owners Map



- ① ⑥ Kathleen Senske-subject
- ② ⑨ Todd & Jenny Norton
- ③ ⑩ James & Julie Johnson
- ④ ⑪ Todd & Quentin Roprecht
- ⑤ ⑫ James & Julie Johnson
- ⑥ ⑬ Terry L. Dorn

