

Fax 262-639-2888

\$375

ENTERED

2

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
 MAY 19 2010

Application No. 10-0359
 Date: _____
 Zoning District F-2
 Amount Paid: \$575.00 PAID
9/9/10

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 N1/4 of NW 1/4 of Section 21 Township 43 North, Range 09 West, Town of BARNES
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____
 Volume _____ Page _____ of Deeds Parcel I.D. 04-004-2-43-09-21-2 01-000-10000

Property Owner BAYFIELD COUNTY
 Address of Property HWY. 27 & 43 ROAD
BARNES

Telephone 715-373-6181 (Home) _____ (Work) _____
 Contractor T.B.D. (Phone) _____
 Plumber N/A

Is your structure in a Shoreland Zone? Yes No If yes, Structure: New Addition _____ Existing _____
 Fair Market Value \$150,000 Square Footage 299
 USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch 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) _____

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) [Signature] Date 05/18/10
 Address to send permit 1200 RIVA RIDGE, RACINE, WI 53402 ATTACH _____
 * See Notice on Back

Copy of Tax Statement or _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

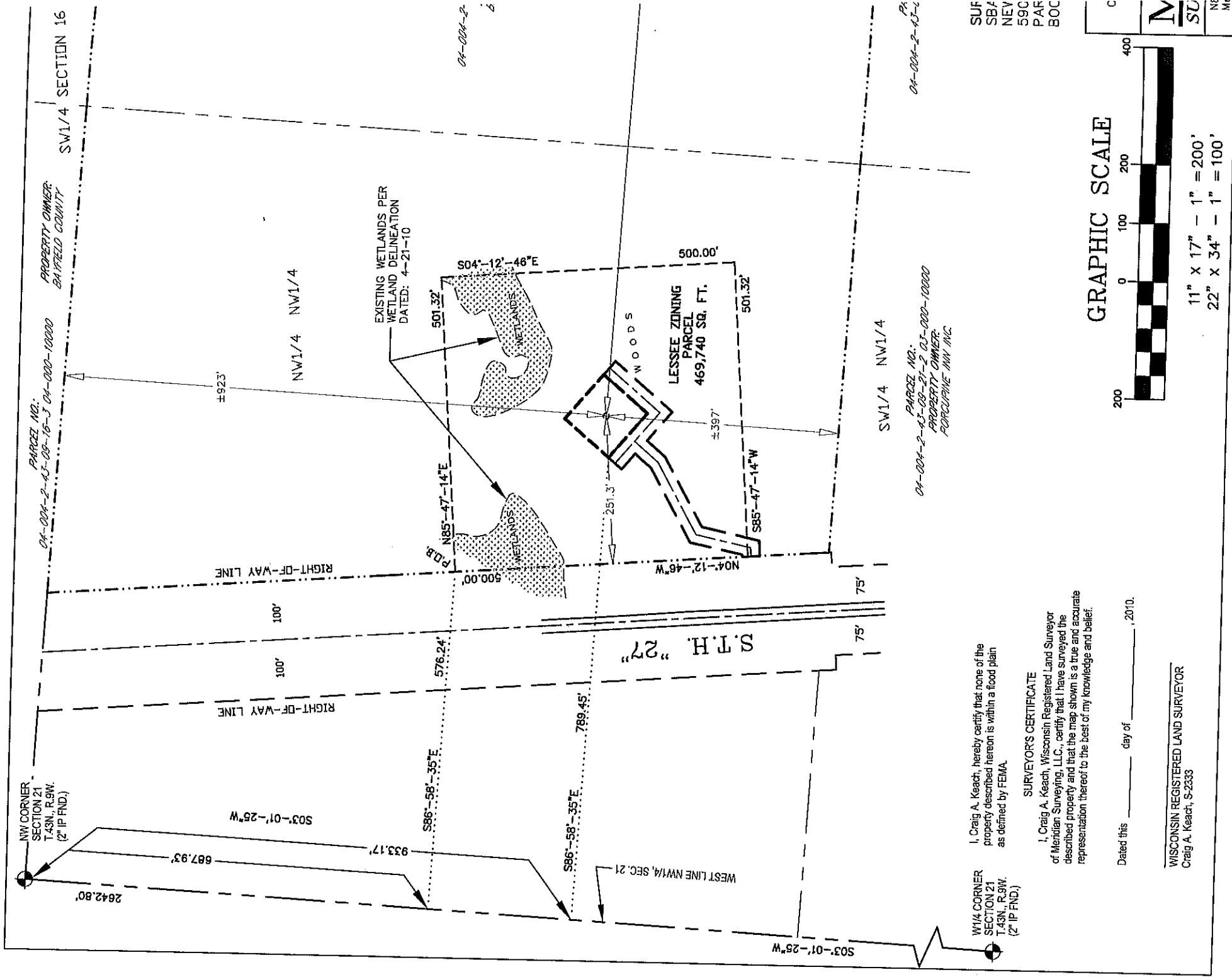
Permit Issued: State Sanitary Number _____ Date _____
 Date 9-13-10 Permit Number 10-0359 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meeting requirements.
 By M. Furtak Date of Inspection 9-7-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: see ZC decision and affidavit - No add'l. conditions placed by z.c.
 Signed Michael Furtak 9-8-10 Date of Approval _____
 Inspector _____
 Rec'd for Issuance _____

SENT
 10/10/10

SEP 10, 2010

Secretarial Staff

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NW CORNER SECTION 21 T.43N., R.9W. (2" IP FND.)

I, Craig A. Keach, hereby certify that none of the property described hereon is within a flood plain as defined by FEMA.

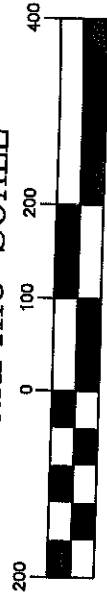
SURVEYOR'S CERTIFICATE

I, Craig A. Keach, Wisconsin Registered Land Surveyor of Meridian Surveying, LLC, certify that I have surveyed the described property and that the map shown is a true and accurate representation thereof to the best of my knowledge and belief.

Dated this _____ day of _____, 2010.

WISCONSIN REGISTERED LAND SURVEYOR
 Craig A. Keach, S-2533

GRAPHIC SCALE



11" X 17" - 1" = 200'
 22" X 34" - 1" = 100'

SUF
 SBF
 NEV
 59C
 PAR
 BOC

N
 SU
 NE
 ME