

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

OCT 06 2010

Application No.: 10-0405
 Date: R-1
 Zoning District: R-1
 Amount Paid: 25 10/6/10 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

Legal Description 1/4 of 1/4 of Section 19 Township 44 North, Range 9 West, Town of Barnes

Gov't Lot 3 Lot 1 Block Clearwater Subdivision CSM # 1.17

Volume 1046 Page 178 of Deeds Parcel I.D. 04-004-2-44-09-19-2 00-150-01000

Property Owner Ron Kallio Contractor Dave Christenson (Phone) 795-2358

Address of Property 48890 Clearwater Rd Plumber

Gordon, WI 54838 Authorized Agent (Phone)

Telephone 795-2330 (Home) 632-2179 (Work)

Is your structure in a Shoreland Zone? Yes No If yes,

Structure: New Addition Existing

Fair Market Value \$7,000 Square Footage 2527

USE: 18' x 14'

* 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) Bedroom

Residential Accessory Building (explain)

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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Donald G. Kallio Date 10-5-10

Address to send permit N9870 State Rd 25, Wheeler, WI 54772

* See Notice on Back ATTACH 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 327560 Date 4-24-00

Date 10/6/10 Permit Number 10-0405 Permit Denied (Date)

Reason for Denial:

Inspection Record: Meets all setbacks Property line per owners representation
 By M. Fustak Date of Inspection 10-5-10

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

Condition:

Signed Michael Fustak Inspector 10-6-10
 Date of Approval

Rec'd for Issuance

