

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

JUL 12 2010

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 Section 21 Township 45 North, Range 9 West, Town of Barnes
 Gov't Lot 3 Lot 4 Block _____ Subdivision V. G. P. 362 CSM # 1037 Acreage 13.413
 Volume 775 Page 676 of Deeds Parcel I.D. 04-004-3-45-09-21-2 05-003-50000

Property Owner John Flayton Contractor self (Phone) _____
 Address of Property 54910 Moore Rd Plumber Jim Clements (Phone) _____
Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 795-3264 (Home) 218-310-7750 (Work)

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

Structure: New Addition Existing _____
 Fair Market Value \$65,000 Square Footage 24x26 = 884
 USE: _____

- * Residence or Principal Structure (# of bedrooms) _____
- 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) _____
- Special/Conditional Use (explain) 2nd residence
- 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) [Signature] Date 6-8-10
 Address to send permit same as above ATTACH _____
 Copy of Tax Statement or _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 10-935 Date 8/27/10
 Date 10/22/10 Permit Number 10-0433 Permit Denied (Date) 10/22/10
 Reason for Denial: _____
 Inspection Record: Meets all setbacks Property lines per owner's representations. By M. Funtak Date of Inspection 7-20-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: See ZC decision and affidavit.
(no add'l cndns placed)
 Signed Michael Funtak Date of Approval 7-21-10
 Inspector _____

Rec'd for Issuance

OCT 22, 2010

Secretarial Staff

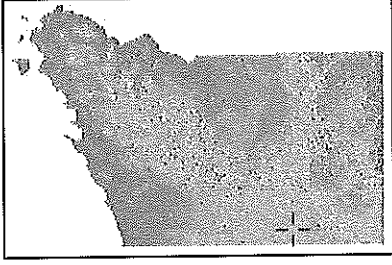
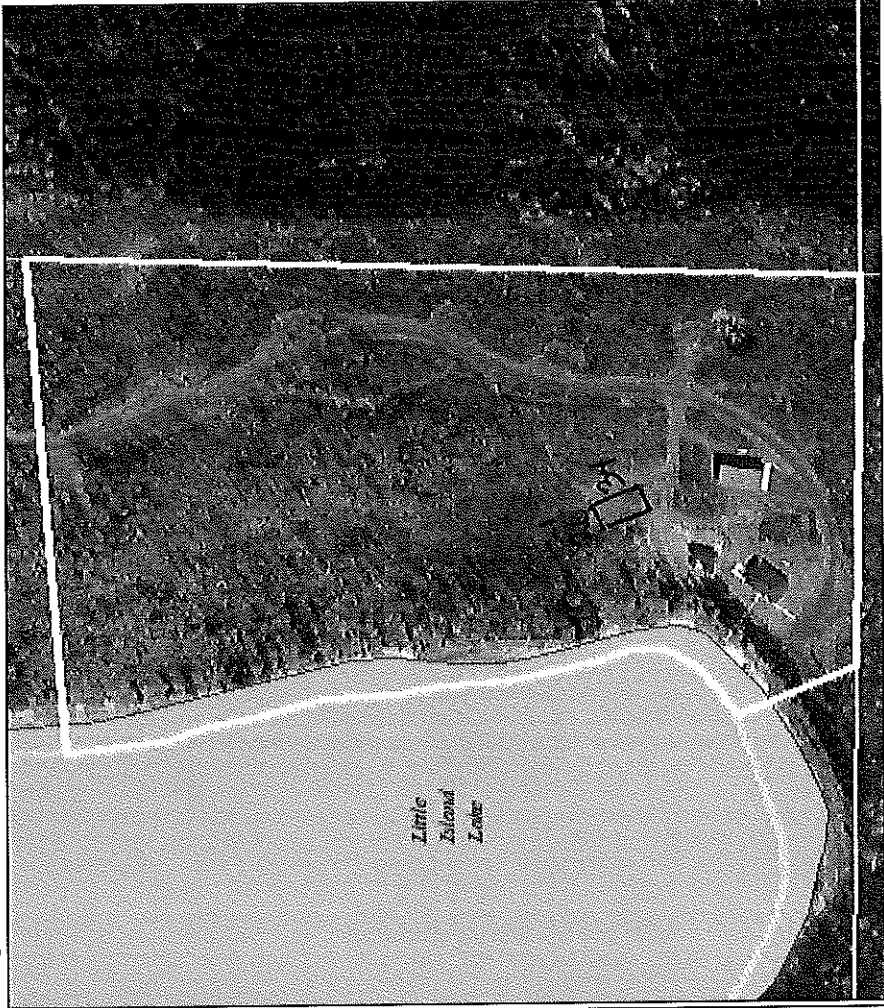
ENTERED

\$250

2

SENT

Flayton Aerial Map



BAYFIELD COUNTY

120' to OHWM
200' to E lot line
200' to S lot line
600' to N lot line

2014-02
1/9
S/M