

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

JUN 09 2010

Application No.: 10-0459
Date: _____
Zoning District: R-2
Amount Paid: _____

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 NW 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 6.34 + 5.48

Volume 1014 Page 53 of Deeds Parcel I.D. 04-004-2-44-09-21-3 02-000-50000

Property Owner Michelle Ruprecht Contractor self (Phone) _____

Address of Property Barnes, WI 54873 Plumber _____ (Phone) _____

Telephone 795-2209 (Home) _____ (Work) _____ Authorized Agent _____

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 Square Footage _____

Fair Market Value _____ Sanitary: New _____ Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____

Residence sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Commercial Accessory Building (explain) _____

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

Residence sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) Hobby Farm

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) Michelle Ruprecht Date 6-8-10

Address to send permit Same as above ATTACH _____
Copy of Tax Statement (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 _____ Date _____

Date 11/5/10 Permit Number 10-0459 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structures are existing. Will screen.

By M. Furtak Date of Inspection 6-15-10

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

Condition: see TBA and ZC decision / affidavit

Signed Michael Furtak Date of Approval 6-16-10

Inspector Michael Furtak Rec'd for Issuance _____

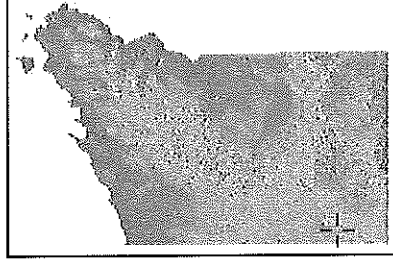
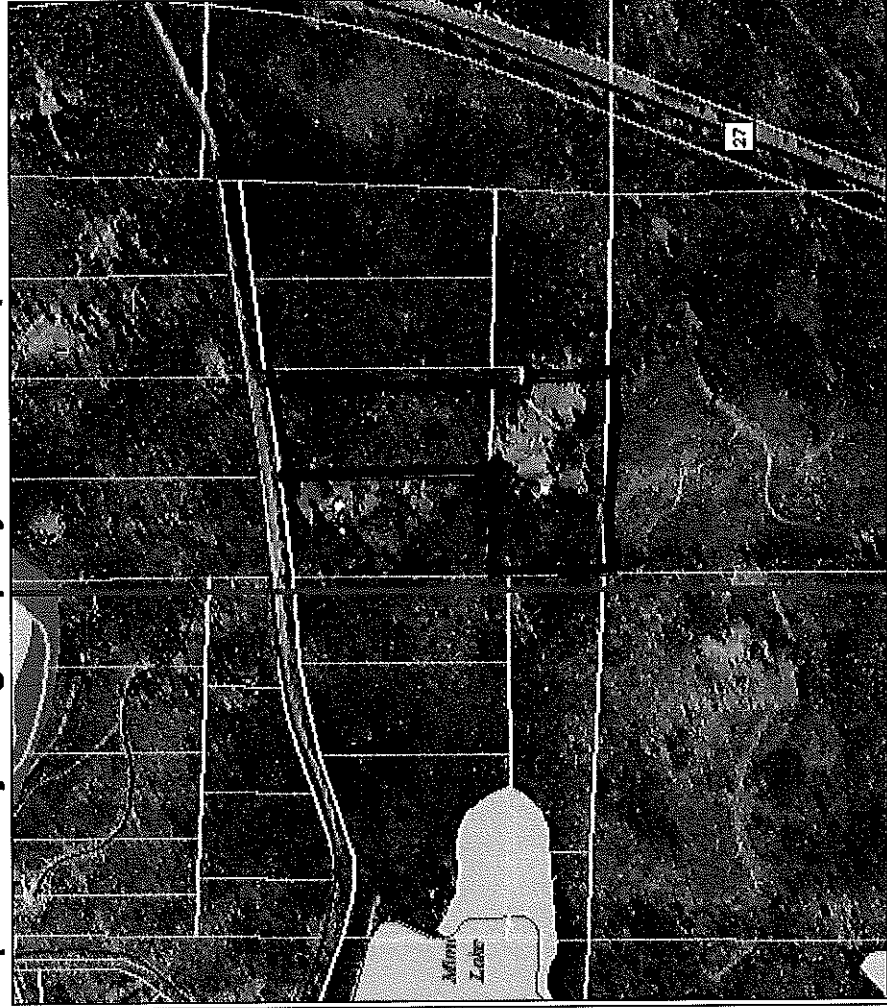
NOV 5 2010

Secretarial Staff

SENT BY _____

Aerial

Ruprecht Adjoining Property Owners Map



BAYFIELD COUNTY

0 0.05 0.1 mi