

ENTERED

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

SEP 08 2010

Application No: 10-0500
Date: _____
Zoning District R-2, Class 2
Amount Paid: \$75.00 RDS
9/7/10

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 _____
Legal Description _____ 1/4 of _____ Section 5 Township 44 North, Range 09 West, Town of BARNES
Gov't Lot 1 Lot _____ Block _____ Subdivision CSM # _____ Acreage 2.310
Volume 541 Page 8 of Deeds Parcel I.D. # 04-004-2-44-09-05-1 05-006-01000 Use Tax Statement for Legal Description
Property Owner Mrs. Wesley Cochran (Margot) Contractor Steve Hurster (Phone) 715-795-2979
Address of Property 2995 Walters Road Plumber _____
Barnes, WI. 54873

Telephone 612-868-2094 (Home) _____ (Work) _____
Authorized Agent Steve Hurster (Phone) 715-795-2979
Written Authorization Attached: Yes No
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 _____ Basement: Yes _____ No Number of Stories 1
Estimated Cost of Construction \$2,800.00 Square Footage 168 Sanitary: New _____ Existing Privy _____ City _____

- 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. _____ Deck(2) sq. ft. _____
 - * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 - Residential Addition / Alteration (explain) 3 season porch
 - 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) Steve H. Hurster Date 9/7/10
Address to send permit 1730 Lake Road Barnes, WI. 54873 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number _____ Date _____
Date 10/20/10 Permit Number 10-0500 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Non-complying structure 40' from Hum.
By M. Furtak Date of Inspection 8-14-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: see affidavit
Signed Michael Furtak Inspector Date of Approval 8-16-10
Rec'd for Issuance _____

