

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED
1

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
FEB 13 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0084
Date: _____
Zoning District: R-1, RRB
Amount Paid: 175 2/16/09 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 6 Lot 6 Block _____ of Deeds _____ Subdivision 44 Township 5 1/4 of Section _____ North, Range 9 West, Town of Barnes

Gov't Lot 6 Lot _____ Block _____ of Deeds _____ Subdivision _____ CSM # _____ Acreage 2.757

Volume _____ Page _____ Parcel I.D. 04-004-2-44-09-05-4 CSM # _____ Acreage 07000

Property Owner James F. Walsh Contractor self (Phone) _____
Plumber _____

Address of Property 51040 State Hwy 27
Barnes, WI 54873

Telephone (815) 423-6368 (Home) _____ (Work) _____

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

Structure: New _____ Addition _____ Existing
Fair Market Value _____ Square Footage _____

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) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Special/Conditional Use (explain) Short Term Rental

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (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) James F. Walsh Date FEB 9, 09

Address to send permit PO Box 96, Elwood, IL 60421

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 4/20/09 Permit Number 09-0084 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Mobile home is existing
By M. Fustak Date of Inspection 2-17-09

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

Condition: _____

Signed Michael Fustak Inspector Date of Approval 2-18-09
Rec'd for Issuance

APR 20, 2009
Secretarial Staff

