

\$250

RECEIVED

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  
 FEB 04 2009  
 Bayfield Co. Zoning Dept.

Application No.: 09-0117  
 Date: \_\_\_\_\_  
 Zoning District R-1 R3, Class 1  
 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 \_\_\_\_\_  
 Legal Description: \_\_\_\_\_ 1/4 of Section 44 Township U.3.P.249 North Range 9 West Town of Barnes  
 Gov't Lot 1 Lot 2 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Volume 826 Page 983 of Deeds Parcel I.D. # 04-004-2-44-09-04-4 CSM # 373 Acreage 1.60  
05-001-3000 Use Tax Statement for Legal Description

Property Owner Brian & Dana Hodowanic Contractor self (Phone) \_\_\_\_\_  
 Address of Property 3980 Lake Rd Plumber \_\_\_\_\_  
Barnes, WI 54873 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone 795-2295 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing   
 Estimated Cost of Construction \_\_\_\_\_ Square Footage \_\_\_\_\_  
 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) \_\_\_\_\_
  - Residential Accessory Building (explain) \_\_\_\_\_
  - Residential Accessory Building Addition (explain) \_\_\_\_\_
  - Residential Other (explain) \_\_\_\_\_
  - Mobile Home (manufactured date) \_\_\_\_\_
  - Commercial Principal Building \_\_\_\_\_
  - Commercial Principal Building Addition (explain) \_\_\_\_\_
  - Commercial Accessory Building (explain) \_\_\_\_\_
  - Commercial Accessory Building Addition (explain) \_\_\_\_\_
  - Commercial Other (explain) \_\_\_\_\_
  - Special/Conditional Use (explain) Home-based Business
  - 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) Brian Hodowanic Date 2-3-09  
 Address to send permit same as above ATTACH \_\_\_\_\_  
 Copy of Tax Statement   
 If you previously purchased the property Attach a Copy of Recorded Deed

\* See Notice on Back APPLICANT -- PLEASE COMPLETE REVERSE SIDE

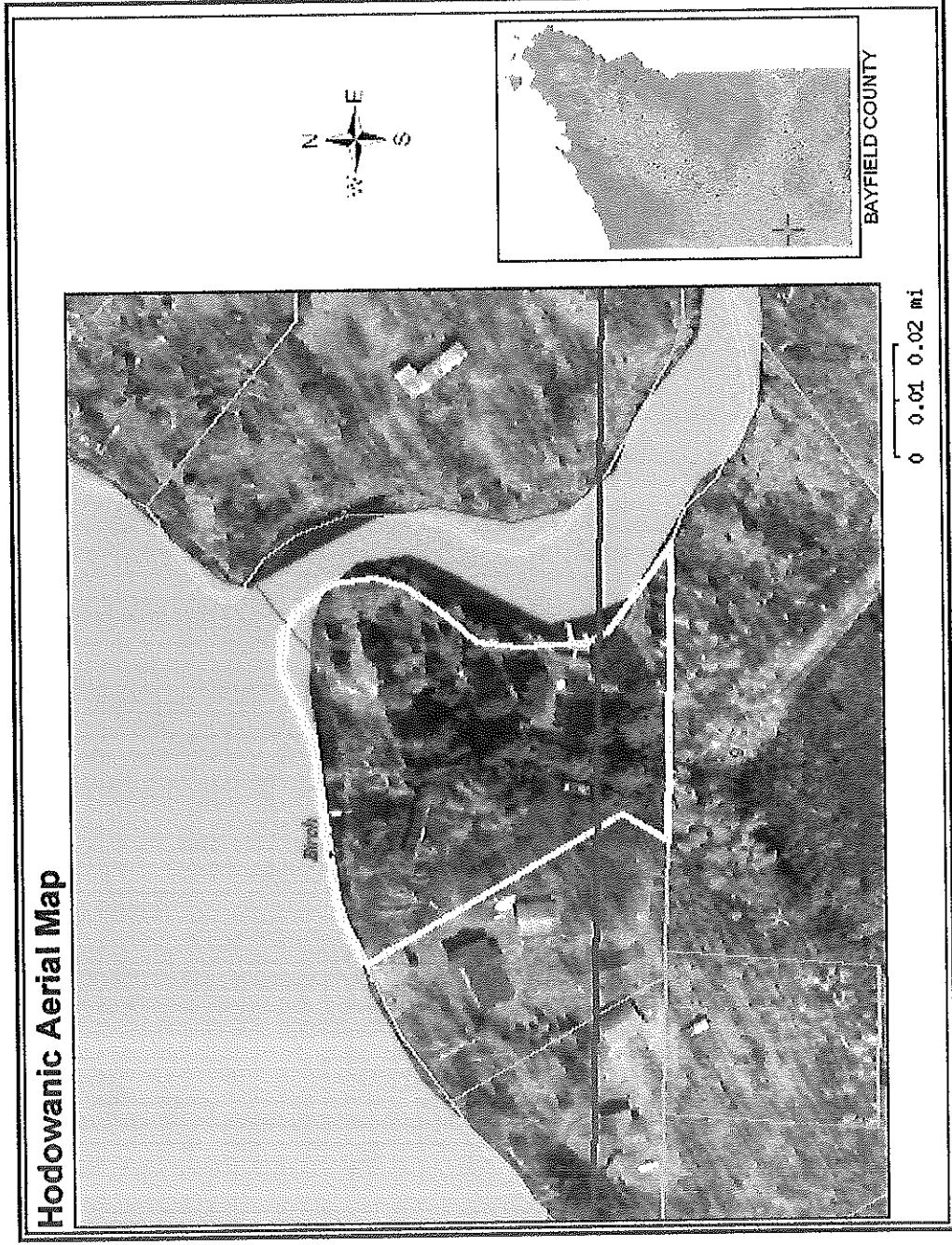
Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 5/1/09 Permit Number 09-0117 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structure is existing. No kennel facilities.  
 By M. Fustak Date of Inspection 2-10-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: see TBA & affidavit

Signed Michael Fustak 2-13-09  
 Inspector Rec'd for issuance Date of Approval \_\_\_\_\_

SENT TO ZONING

APR 20 2009

Secretarial Staff



SENT  
BY  
TONING

<http://www.bayfieldcounty.org/cgi-bin/mapserv.exe?imgxy=249.5+219&imgbox=-1+-1+-1...> 2/4/2009