

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
MAY 20 2009

Bayfield Co. Zoning Dept.

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 less

Legal Description NE 1/4 of NE 1/4 of Section 19 Township 45 North, Range 9 West. Town of Barnes

Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 9.151

Volume 882 Page 146 of Deeds Parcel I.D. 04-004-2-45-09-19-1 01-000-5000

Property Owner Erik Ekstrom Contractor Bruce Stalags (Phone) _____

Address of Property 1895 Ekstrom Rd Plumber _____

Barnes, WI 54873 Authorized Agent Ingemar Ekstrom (Phone) 795-2183

Telephone 612-381-0522 (Home) 612-860-5195 cell 5127109

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

Fair Market Value \$10,000 Square Footage 576 SF Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) 24 x 24' Type of Septic/Sanitary System Conv.

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) garage External Improvements to Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (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) Ingemar Ekstrom Date 5-12-09

Address to send permit 1860 Ekstrom Rd., Barnes, WI 54873 ATTACH

* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 6/2/09 Permit Number 09-0168 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per agents representations.

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

Condition: Not to be used for human habitation. No plumbing fixtures in structure

Signed Michael Fustak Inspector

Date of Issuance 5-20-09

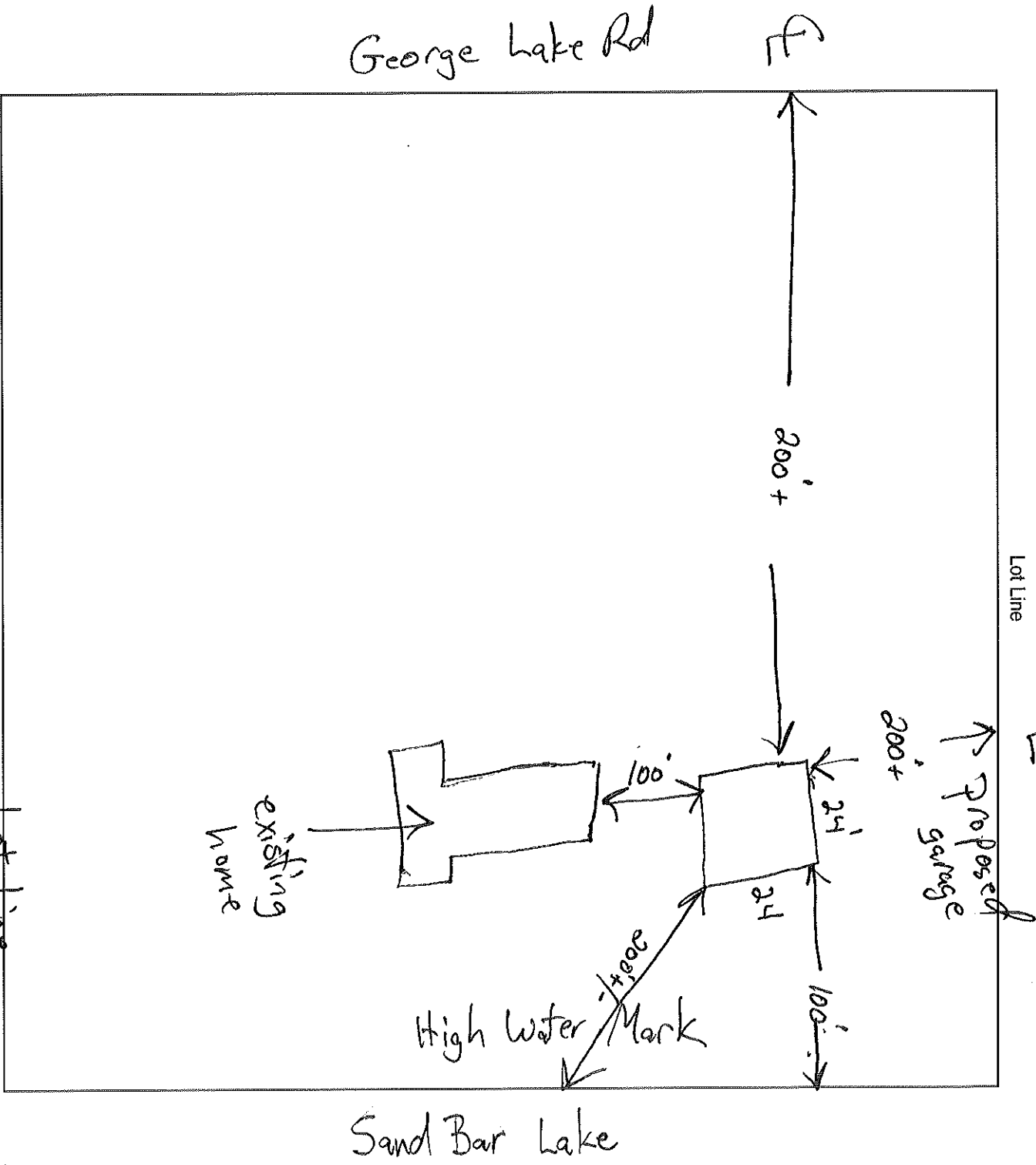
Date of Inspection 5-19-09

Rec'd for Issuance

May 27, 2009

Secretarial Staff

Ekstrom Rd. E (private easement rd.)



Name of Frontage Road (Ekstrom Rd)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.