

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 05 2009

\$75

Application No.: 09-0224
 Date: _____
 Zoning District: R-1
 Amount Paid: Pd \$75 Cash
6-2-09 MF
6/5/09 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: 1/4 of Section 17 Township 45 North, Range 9 West, Town of Barnes
 Gov't Lot part of 53 Lot 42 Block _____
 Volume 770 Page 784 of Deeds _____
 Property Owner: Dean Pooler
 Address of Property: 55600 Red Oak Drive
Barnes, WI 54873

Telephone 374-2710 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing _____
 Fair Market Value \$5,000 Square Footage 528
 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. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) bedroom
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Plumber _____
 Authorized Agent Lance Adolphson (Phone) 816-4611
 Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes No _____ Number of Stories 1
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System Conn
 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) _____
 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) Lance Adolphson Date 6-2-09

Address to send permit pick-up in Barnes at Town Hall

* See Notice on Back
 ATTACH _____
 Copy of Tax Statement or
 (if you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 367578 Date 5-29-01
 Date 6/10/09 Permit Number 09-0224 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Meets all setbacks. Property lines per owner's report representations. By M. Furtak Date of Inspection 6-16-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Michael Furtak 6-17-09
 Inspector Rec'd for issuance

JUN 16 2009

Secretarial Staff

004-1273-10

