

Conv-

\$125

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

R F F I V E D
 JUL 22 2009
 Bayfield Co. Zoning Dept.

Application No: 09-0297
 Date: _____
 Zoning District R-1, Class 1
 Amount Paid: 125 7/24/09
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 2 Lot 1 Block _____ 1/4 of Section 18 Township 44 North, Range 9 West, Town of BARNES
 Gov't Lot 2 Lot 1 Block _____ Subdivision V.G.P. 226 CSM# 971 Acreage 1.954

Volume 726 Page 257 of Deeds Parcel I.D. 04-004-2-44-09-18-1 05-002-08000

Property Owner David O'shaughnessy Contractor self (Phone) _____
 Address of Property 1970 5th St Rof Plumber _____

Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 795-2820 (Home) 393-2016 (Work) _____

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

Structure: New _____ Addition _____ Existing
 Fair Market Value \$40,000 Square Footage _____

USE: Residence of Principal Structure (# of bedrooms) 1 40' x 40'

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) conversion to residence

Owner or Authorized Agent (Signature) David B. O'By Date 7-17-09

Address to send permit same as above ATTACH _____
 Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number 09-575 Date 7-8-09

Date 7-24-09 Permit Number 09-0297 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing

By M. Fustak Date of inspection 7-17-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # 539

Condition: 22' from private road

90-9143

Signed Michael Fustak Date of Approval 7-22-09

Rec'd for issuance Inspector _____

JUL 24 2009

Secretarial Staff

