

\$75

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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



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.

Application No. 09-0322
Date: _____
Zoning District R-2
Amount Paid: \$75 8/6/09

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description NE 1/4 of NE 1/4 of Section 24 Township 45 North, Range 9 West, Town of Barnes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.0

Volume 855 Page 246 of Deeds Parcel I.D. 04-004-2-45-09-24-1 01-000-10000

Property Owner John Putz (Putz) Contractor Self (Phone) 715-387-3578

Address of Property (Fire #) 6935 Hall Road Plumber _____

Town of Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 715-695-3185 (Home) 715-387-3578 (Work) Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, at Marshfield est cabin

Structure: New Addition _____ Existing _____ Basement: Yes _____ No Number of Stories 1

Fair Market Value \$3000. Square Footage 768 Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System CSAV

Residence sq. ft. _____ * Residence w/deck-porch (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ * Residence w/attached garage (# of bedrooms) _____ Commercial Principal Building _____

Deck sq. ft. _____ * Residence w/attached garage (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Accessory Building Addition (explain) _____

Residential Accessory Building (explain) Garage Pole Building Commercial Other (explain) _____

Residential Accessory Building Addition (explain) _____ Special/Conditional Use (explain) _____

Residential Other (explain) _____ External Improvements to Principal Building (explain) _____

External Improvements to Accessory 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) John Putz Date 9/4/09 ATTACH _____

Address to send permit 1301 East 29th St Marshfield WI 54449 Copy of Tax Statement of _____

* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT --- PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____

Date 8/17/09 Permit Number 09-0322 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Meets all setbacks Property lines per owner representations By M. Futek Date of Inspection 8-4-09

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

Condition: Not to be used for human habitation.

Signed Michael Futek 8-5-09 Date of Approval _____

Inspector _____ Rec'd for Issuance _____

AUG 6 2009

Secretarial Stamp

