

\$75

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**

Application No. 09-0369
 Date: _____
 Zoning District F-1
 Amount Paid: 750/21/09 mg

RECEIVED
 AUG 19 2009

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 NW 1/4 of SW 1/4 of Section 33 Township 44 North, Range 9 West, Town of Barnes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 35.309

Volume 960 Page 934 of Deeds Parcel I.D. 04-004-2-44-09-33-3 02-000-10000

Property Owner David Koranski Contractor Kay Nellesen (Phone) 795-3399
 Address of Property 46310 State Hwy 27 Plumber Oppofone Const.

Barnes, WI 54873 Authorized Agent Dave Gerbovsky (Phone) _____

Telephone 715-785-2238 (Home) 7651-330-1323
Gerbovsky Cell (KORAWSKI) 1359 (Work)
 Is your structure in a Shoreland Zone? Yes No If yes.

Structure: New Addition Existing
 Fair Market Value \$ 14,500 Square Footage 1,568 ft²

USE: * Residence or Principal Structure (# of bedrooms) 28 x 56
 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) pole bldg.

Residential Accessory Building Addition (explain) _____

Residential Other (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) Jayce A. Koranski Date 8/16/09

Address to send permit 6650 City Hwy N, Barnes, WI 54873 ATACH _____
 Copy of Tax Statement of _____
 (If you recently 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 8/21/09 Permit Number 09-0369 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Will stated Meets all setbacks. Property lines per owners representations by M. Fustak Date of Inspection 8-25-09

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

Condition: Not to be used for human habitation.

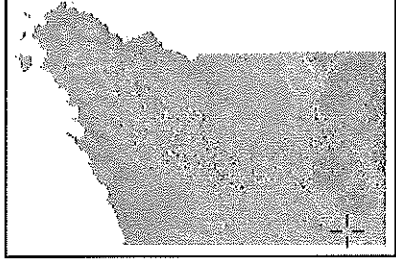
Signed Michael Fustak 8-26-09
 Inspector _____

Rec'd Date of Approval for Issuance

AUG 2009

Secretarial Staff

Koranski Aerial Map



BAYFIELD COUNTY

0 0.02 0.04 mi

200' + E of Hwy 27
 320' to South Property Line
 850' to North Property Line
 1,000' to East Property Line
 New Structure