

\$125

ENTERED

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
 SEP 24 2007
 Bayfield Co. Zoning Dept.

Application No.: 09-0418
 Date: _____
 Zoning District: RRB/Class 1
 Amount Paid: \$125.00 RDS
9/24/07

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 _____

Legal Description: 1/4 of _____ 1/4 of Section 4 Township 44 North, Range 9 West, Town of Barnes
 Subdivision: Unit 2, Bayfield Wolf Condos CSM # _____ Acreage 4.15

Gov't Lot _____ Block _____

Volume 917 Page 487 of Deeds Parcel I.D. # 004-1060-04 002 Use Tax Statement for Legal Description _____

Property Owner Howling Wolf Condo (Peterson/ Contractor Larry (Cherry) self (Phone) _____

Address of Property 51015 Birch Lake Rd
Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 795-2627 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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

Estimated Cost of Construction \$3,500 Square Footage 300 Sanitary: New _____ Existing Privy _____ City _____

USE: 28' x 40'

- * Residence or Principal Structure (# of bedrooms) _____
- 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) Roof pitch change

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) [Signature] Date 9-18-07
 Address to send permit 51015 Birch Lake Rd, Barnes, WI 54873 ATTACH _____
 Copy of Tax Statement If you previously 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 9-17-09 Permit Number 09-0418 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing. By M. Fuitak Date of Inspection 10-2-07

Mitigation Plan Required: Yes No 2155' from OHWM Variance (B.O.A.) # _____

Condition See affidavit. No expansion of footprint at this time

Signed Michael Fuitak Inspector Date of Approval 10-3-07
 Rec'd for Issuance

Per Mike - mitigation requirements previously met on whole property. Secretarial Stamp

SEP 17, 2009

