

Conversion
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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 No: 09-0470
Date: _____
Zoning District: A-1 R3 Class1
Amount Paid: \$75.00 ROS
9/30/09

RECEIVED
SEP 29 2009
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.

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

Use Tax Statement for Legal Description
Legal Description 1/4 of _____ 1/4 of Section 10 Township 44 North, Range 9 West, Town of BARNES

Gov't Lot 445 Lot 1 Block _____ Subdivision _____
Volume 769 Page 13+1 of Deeds Parcel I.D. 04-004-2-44-09-10-4 05-004-01000 CSM # 001051 Acreage 1.55

Property Owner: ANN NDVACHEK / VERNLE DURDNER JR. Contractor: MICHAEL KEENE (Phone) 715-558-4486
Address of Property 50640 MARTIN RD Plumber JERRY RUID

Barnes, WI 54873 Authorized Agent MICHAEL KEENE (Phone) _____
Telephone 612 340 7855 (Home) 612 481 0188 (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New _____ Addition _____ Existing _____
Fair Market Value 25,000 Square Footage 552

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. _____ Deck(2) sq. ft. _____
 Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) STORAGE
 Residential Accessory Building Addition (explain) CONVERT TO
 Residential Other (explain) _____

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 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) MM Date 9-04-09
Address to send permit 3510 Rosewood Ln, Plymouth MN 55441

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
Copy of Tax Statement or ATTACH
(If you recently purchased the property Attach a Copy of Recorded Deed)

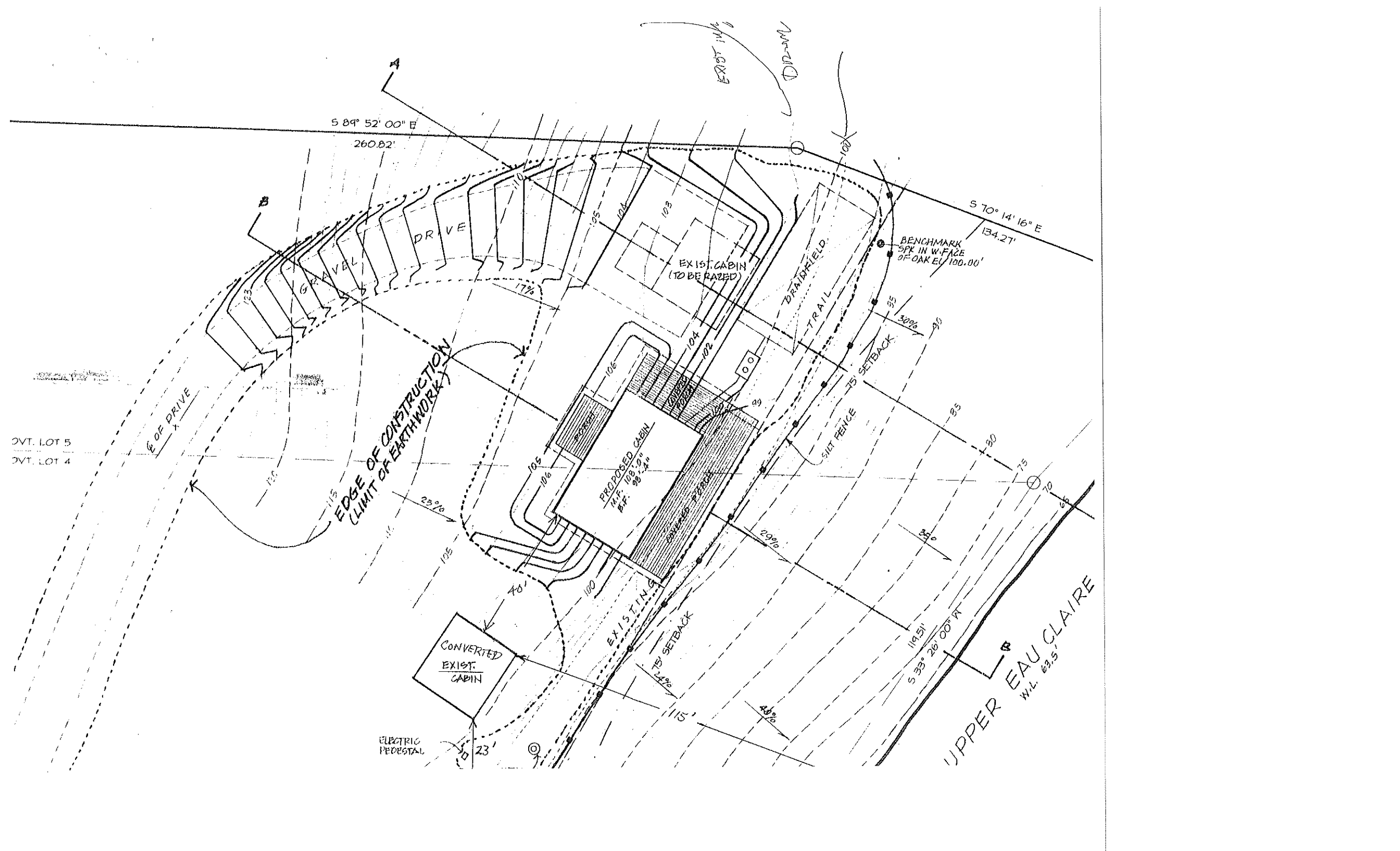
Permit Issued: State Sanitary Number _____ Date _____
Date 10/8/09 Permit Number 09-0470 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Cabin is existing. Meets all attached Property Line requirements!
contractor's representations By M. Futch Date of Inspection 10-6-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Cabin must be converted to an accessory structure.

Signed Michael Futch 10-7-09
Inspector _____ Date of Approval 10-7-09
Rec'd for Issuance _____

OCT 7, 2009
Secretarial Staff



DVT. LOT 5
DVT. LOT 4

UPPER EAU CLAIRE
W.L. 63.5'