

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

OCT 07 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.

\$3/1,000

ENTERED

Application No: 09-0480
 Date: _____
 Zoning District: R-1, R-2
 Amount Paid: \$630.00
10/8/09
mg

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

Use Tax Statement for Legal Description

Part of NE 1/4 of SE 1/4 of Section 35 Township 45 North Range 9 West Town of Barnes
 Gov't Lot 1 Lot 12 Block _____ Subdivision U-2, P-73 CSM # 69 Acreage 1.515

Volume 928 Page 434 of Deeds Parcel I.D. 04-004-2-45-09-35-4 05-001-04000

Property Owner Loren & Julie Bohl Contractor Steve Hunter Const. (Phone) 715-795-2979

Address of Property 52210 Hans Rd Plumber Orv Boytew Plumbing

Barnes, WI 54873 Authorized Agent Steve Hunter (Phone) 715-795-2979

Telephone 833-8099 (Home) 715-579-9518 (Work) Written Authorization Attached: Yes No

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

Structure: New Addition Existing _____
 Fair Market Value \$210,000.00 Square Footage _____
 USE: 28' x 36' = 1008 sq ft garage 28' x 48' = 266

* Residence or Principal Structure (# of bedrooms) left - 667 3355
 Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____

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

Residence sq. ft. 3355 Garage sq. ft. 1008

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

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) [Signature] Date 9-7-09

Address to send permit 1325 E Hamilton Ave, Eau Claire, WI 54701 ATTACH Copy of Tax Statement or (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 09-1145 Date 9-9-09

Date 10-15-09 Permit Number 09-0480 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations. By M. Furtak Date of inspection 10-13-09

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

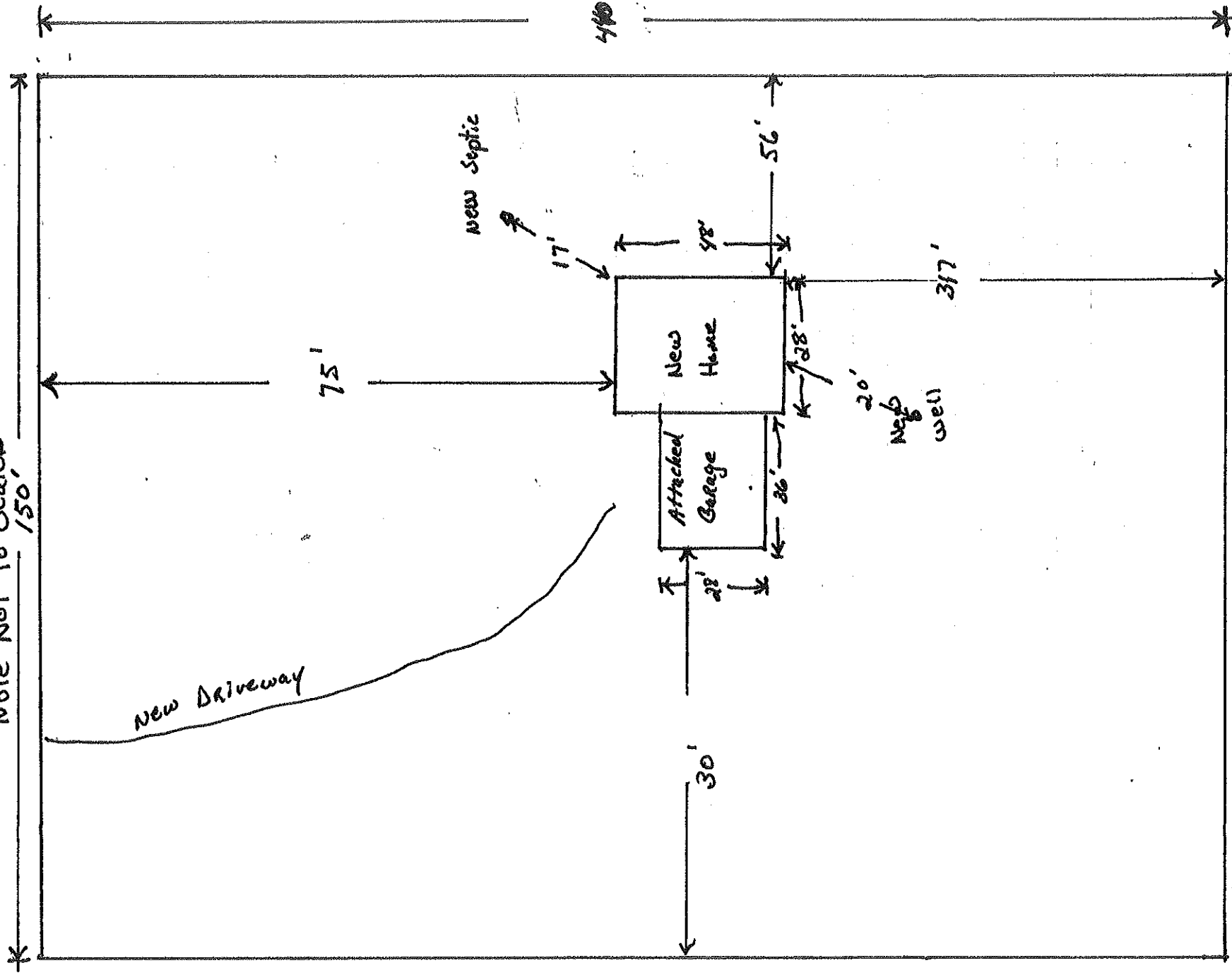
Condition: _____

Signed Michael Furtak 10-14-09
 Inspector Date of Approval

Loren & Julie Bohls

Hans Road

Note Not to Scale



Steve Hunter Const.
1730 Lake Road
Barnes, WI 54673
715-795-2972