

ENTRAGED ✓

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

RECEIVED

SEP 9 2009

Application No.: 09-0507
Date: _____
Zoning District: R-2
Amount Paid: \$125
10/23/09 RDS

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
part
Legal Description NW 1/4 of SW 21 Township 44 North, Range 9 West, Town of Barnes
Gov't Lot _____ Lot _____ Block _____ Subdivision _____
Volume 771 Page 6666 of Deeds Parcel I.D. 04-004-2-44-09-21-3 02-000-40000

Property Owner: Doug Brierly Contractor: self (Phone) _____
Address of Property: 3035 S. Shore Rd. Plumber: _____
Barnes, WI. 54873 Authorized Agent: NEXK (Phone) 789-6645
Telephone: 795-2858 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No if yes.
Structure: New _____ Addition _____ Existing
Fair Market Value _____ Square Footage _____
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) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (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) [Signature] Date 9/24/09
Address to send permit: Box 130 Sandford, WI 54832

* 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 10/23/09 Permit Number 09-0507 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structures are existing. By M. Futch Date of Inspection 10-20-09
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Must obtain Tourist Rooming House permit from the Bayfield County Health Dept.
Signed Michael Futch 10-21-09 Date of Approval _____
Rec'd for Issuance