

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED

OCT 21 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
Legal Description 1/4 of 1/4 of Section 3 Township 44 North, Range 9 West, Town of Barnes
Gov't Lot 5 Lot 9 Block 187 Subdivision #187 CSM # V.A.P. 233 Acreage .897

Volume 468 Page 231 of Deeds 04-004-2-74-09-03-3 Parcel I.D. # 05-005-0600
Property Owner Donald + Donna Monahan Contractor Steve Hunter Const (Phone) 715-795-2979

Address of Property 4035 Well Mar Road Plumber
Barnes, Wi. 54873 Authorized Agent Steve Hunter (Phone) 795-2979

Telephone 732-469-3927 (Home) 732-563-0246 (Work)
Is your structure in a Shoreland Zone? Yes No If yes, _____

Distance from Shoreline: 75' or greater <75' to 40' less than 40'

Structure: New Addition Existing Basement: Yes No Number of Stories 1
Estimated Cost of Construction \$13,000.00 Square Footage 832 Sanitary: New Existing Privy City

- USE:
- Residence (# of bedrooms) _____ (# of bedrooms)
 - Residence w/deck-porch (# of bedrooms) _____
 - Residence w/attached garage (# of bedrooms) _____
 - Residential Addition (explain) _____
 - Residential Accessory Building (explain) Garage 26' x 32'
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) _____
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (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) Steve Hunter Date 10/20/09
Address to send permit 1730 Lake Road Barnes, Wi. 54873 ATTACH Copy of Tax Statement

APPLICANT — PLEASE COMPLETE REVERSE SIDE

OFFICE USE ONLY
Permit issued: _____ State Sanitary Number _____ Date _____
Permit Number 09-0510 Date 10/26/09 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Well stake Met with trades Property Survey agents
representations By M. Furtak Date of Inspection 10-20-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Not to be used for human habitation. No water under
pressure may enter structure.

Signed Michael Furtak Inspector 10-21-09
Rec'd reissuance _____

