

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
NOV 2 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 OTHER

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 8 Township 45 North, Range 9 West, Town of Barnes

Gov't Lot 111 Block Subdivision Remaining Bear's Add CSM # Acreage 4.459

Volume 1006 Page 651 of Deeds Parcel I.D. 04-004-2-45-09-08-3-00-270-40000

Property Owner Raymond Nellesen Contractor Self (Phone)

Address of Property Pine Chip Dr (Phone)

Barnes, WI. Authorized Agent (Phone)

Telephone 715-795-3399 (Home) (Work)

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

Structure: New Addition Existing Square Footage 1024

Fair Market Value 10,000

USE: * Residence or Principal Structure (# of bedrooms) 2 pole shed

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 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) Raymond Nellesen Date 11-12-09

Address to send permit 2160 Birch Tree Tr. Barnes, WI. 54873 ATTACH

Per MF: Fused lots, therefore not princ. structure but accy. Copy of Tax Statement and * See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number Date

Date 11/16/09 Permit Number 09-0549 Permit Denied (Date)

Reason for Denial:

Inspection Record: Fused to lots 109+110. Meets all setbacks. Well staked By M. Fustak Date of inspection 11-13-09

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

Condition: No running water in structure. May not be used for human habitation. Signed Michael Fustak 11-16-09

Inspector Date of Approval Rec'd for Issuance

NOV 16 2009

Secretarial Staff

ENTERED

Tall Timber Trail

