

ENTERED

\$ 720

**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**  
 APR 02 2008  
 Bayfield Co. Zoning Dept.

Application No.: 08-0073  
 Date: \_\_\_\_\_  
 Zoning District: R-1  
 Amount Paid: \$720.00 PDS  
4/2/08

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 17 1/4 of Section 17 Township 45 North, Range 9 West, Town of Barnes  
 Gov't Lot 14 Block \_\_\_\_\_ Subdivision SIOUX ADD TO POTAWATOMI ESTATES CSM # 1.15  
 Volume 931 Page 703 of Deeds Parcel I.D. # 004-1338-04 994 Use Tax Statement for Legal Description \_\_\_\_\_  
 Property Owner Ceryl Silberman Contractor Jim Johnson (Phone) 795-2161  
 Address of Property 240 Blue Spruce Ct  
Barnes, WI 54873

Telephone 224-330-0095 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Written Authorization Attached: Yes  No   
 Is your structure in a Shoreland Zone? Yes  No  If yes, Distance from Shoreline: greater than 75'  75' to 40'  less than 40'   
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_ Basement: Yes  No  Number of Stories 1 1/2  
 Estimated Cost of Construction \$24000 Square Footage 7200 Sanitary: New  Existing  City \_\_\_\_\_  
 USE: 30' x 44' = 1320 + 10ft 44' x 20' = 880 CONV  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) 3  
50' x 10' Deck sq. ft. 500 F entry 4' x 4' = 96 F  
 \* 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) \_\_\_\_\_  
 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 OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES**

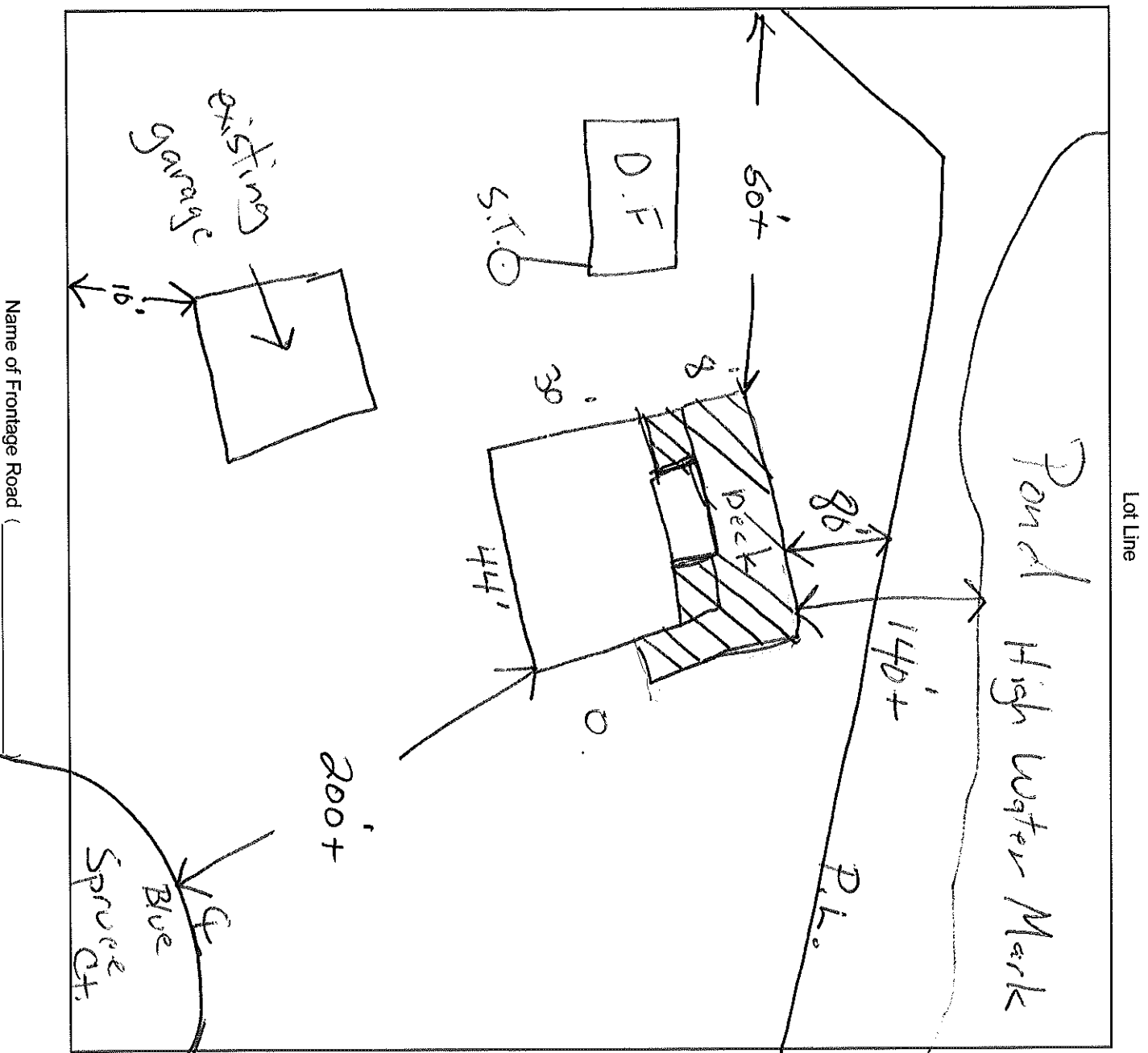
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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 4-1-08  
 Address to send permit Jim Johnson 1100 S. Murray Lake Rd, Barnes WI 54873 Copy of Tax Statement ATTACH  
 \* See Notice on Back WI 54873 If you previously purchased the property Attach a Copy of Recorded Deed

**APPLICANT — PLEASE COMPLETE REVERSE SIDE**

Permit issued: \_\_\_\_\_ State Sanitary Number 06-1355 Date 7-24-06  
 Date 4/9/08 Permit Number 08-0073 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well staked. Meets all setbacks. Property lines per  
opents representations By M. Fustak Date of Inspection 4-8-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) Rec'd for Issuance  
 Condition: \_\_\_\_\_ APR 02 2008

Signed Michael Fustak 4-9-08 Date of Approval \_\_\_\_\_  
 Inspector \_\_\_\_\_  
 Secretaries Staff \_\_\_\_\_



Name of Frontage Road ( \_\_\_\_\_ )

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
  - a. Building to all lot lines
  - b. Building to centerline of road
  - c. Building to lake, river, stream or pond
  - d. Septic tank to closest lot line
  - e. Septic tank to building
  - f. Septic tank to well
  - g. Septic tank to lake, river, stream or pond
  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
  - k. Drain field to closest lot line
  - l. Drain field to building
  - m. Drain field to well
  - n. Drain field to lake, river, stream or pond.
  - o. Well to building

**IMPORTANT**  
 DETAILED PLOT PLAN  
 IS NECESSARY, FOLLOW  
 STEPS 1-7 (a-o) COMPLETELY.

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**  
 MAR 24 2008  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Application No.: 08-0075  
 Date: \_\_\_\_\_  
 Zoning District: F-1  
 Amount Paid: \$75.00 RDS  
3/24/08

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 N.W. 1/4 of S.W. 1/4 of Section 23 Township 45 North, Range 9 West, Town of BARNES  
 Gov't Lot 2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 11.110  
945 204 960 Parcel I.D. # 04-004-2-45-09-23-2 Use, Tax Statement for Legal Description  
400 Page 13 of Deeds 04-000-30000  
 Property Owner RICHARD D & LINDA K FUNK Contractor RICHARD FUNK (Phone) 715-273-4762  
 Address of Property 54580 DANA RD Plumber \_\_\_\_\_  
BARNES, WI 54873 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-273-4762 (Home) SAME (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Estimated Cost of Construction \$7,000.00 Square Footage 960 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_  
 USE: \_\_\_\_\_  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) GARAGE  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

Basement: Yes  No  Number of Stories 1  
 Distance from Shoreline: greater than 75'  75' to 40'  less than 40'   
 Mobile Home (manufactured date) \_\_\_\_\_  
 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) \_\_\_\_\_

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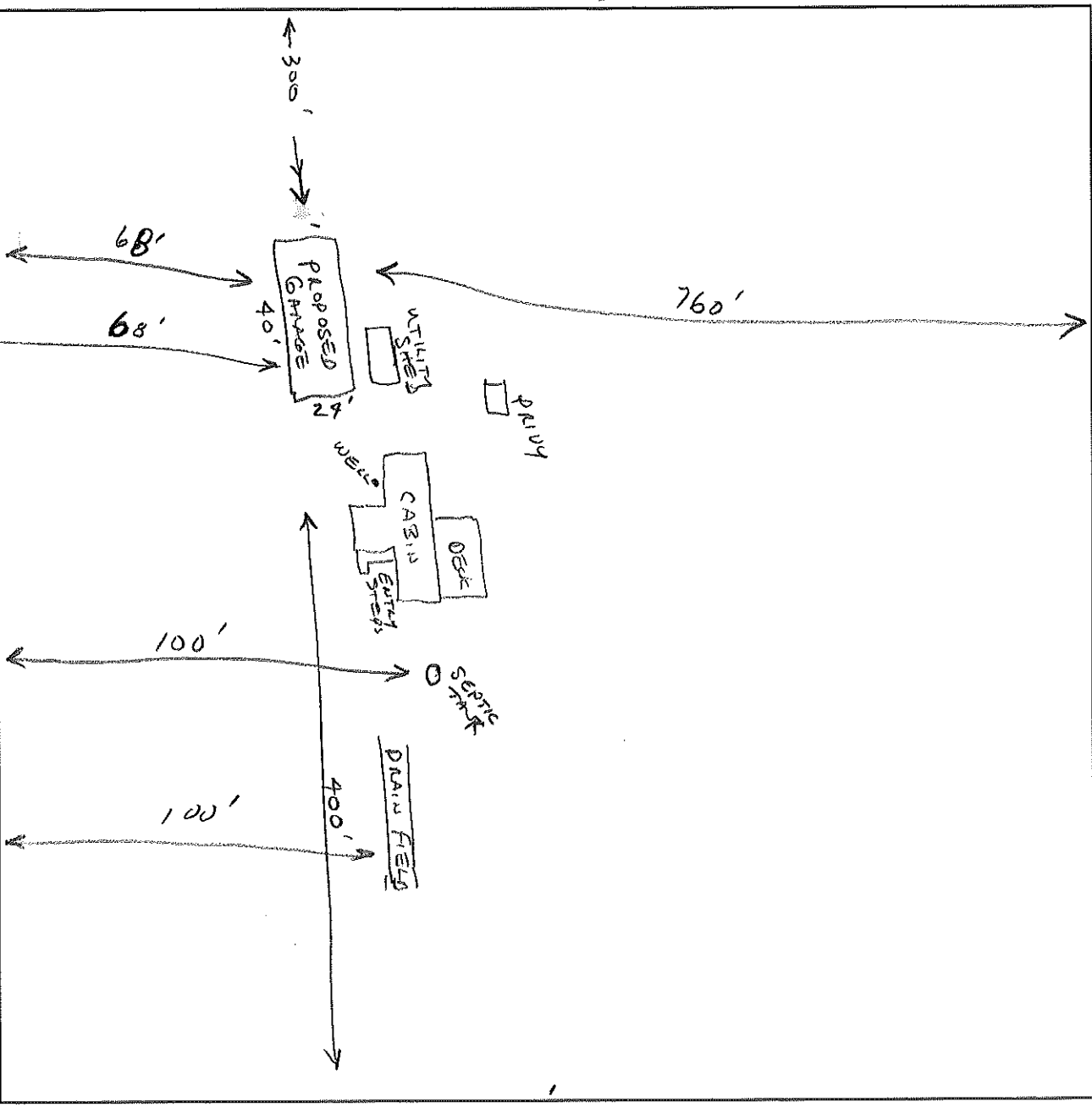
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Owner or Authorized Agent (Signature) Richard D. Funk Date 03/17/08  
 Address to send permit NS872 610TH ST ELLSWORTH, WI 54011 ATTACH  Copy of Tax Statement

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 4/9/08 Permit Number 08-0075 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well staked. Meets all setbacks Property lines per owner's representations By M. Funk Date of Inspection 4-8-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Not to be used for human habitation.  
 Signed Michael Funk Inspector Date of Approval 4-9-08  
 Rec'd for Issuance \_\_\_\_\_

Lot Line 542'



N 834

Name of Frontage Road (DADA RD) 720'

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
- N/A 4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
- N/A 6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
  - a. Building to all lot lines
  - b. Building to centerline of road
  - c. Building to lake, river, stream or pond
  - d. Septic tank to closest lot line
  - e. Septic tank to building
  - f. Septic tank to well
  - g. Septic tank to lake, river, stream or pond
  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
  - k. Drain field to closest lot line
  - l. Drain field to building
  - m. Drain field to well
  - n. Drain field to lake, river, stream or pond.
  - o. Well to building

**IMPORTANT**  
DETAILED PLOT PLAN  
IS NECESSARY. FOLLOW  
STEPS 1-7 (a-o) COMPLETELY.

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Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
APR 07 2008  
Bayfield Co. Zoning Dept.

ENTERED

Application No: 08-0074  
Date: \_\_\_\_\_  
Zoning District: R-2  
Amount Paid: \$90.00 PDS  
37 4/2/08

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 SE 1/4 of NE 1/4 of Section 11 Township T44N North Range 09W West Town of Barnes  
Gov'l Lot 1 Block 1 Subdivision Lot 1 V.G.P. 125 CSM # 922 Acreage 3.45  
Volume 813 Page 641 of Deeds Parcel I.D. # 004-1098-0690 Use Tax Statement for Legal Description  
Property Owner Timothy D & Cynthia M Bales Trustee Contractor PAT FOOT (Phone) \_\_\_\_\_  
Address of Property Sobigo Pease Road Plumber Rasmussen  
Barnes, wis. 54873 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 651-344-3405 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes: \_\_\_\_\_  
Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New  Addition  Existing   
Basement: Yes  No  Number of Stories 1

Estimated Cost of Construction 20 to 30K Square Footage 252 Sanitary New Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
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) 14x18 ADDITION  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 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) \_\_\_\_\_

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Owner or Authorized Agent (Signature) Judy D Bales Bales Family Trust Date 4/2/08  
Address to send permit 3442 Cromwell trail, Rosemount, MN 55068 ATTACH \_\_\_\_\_  
Copy of Tax Statement  Attach a Copy of Recorded Deed \_\_\_\_\_

\* See Notice on Back  
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number 297901 Date 8-20-97  
Date 4-9-08 Permit Number 08-0074 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Meets all setbacks. Property lines per owners representations. BY M. Funtak Date of Inspection 4-8-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_

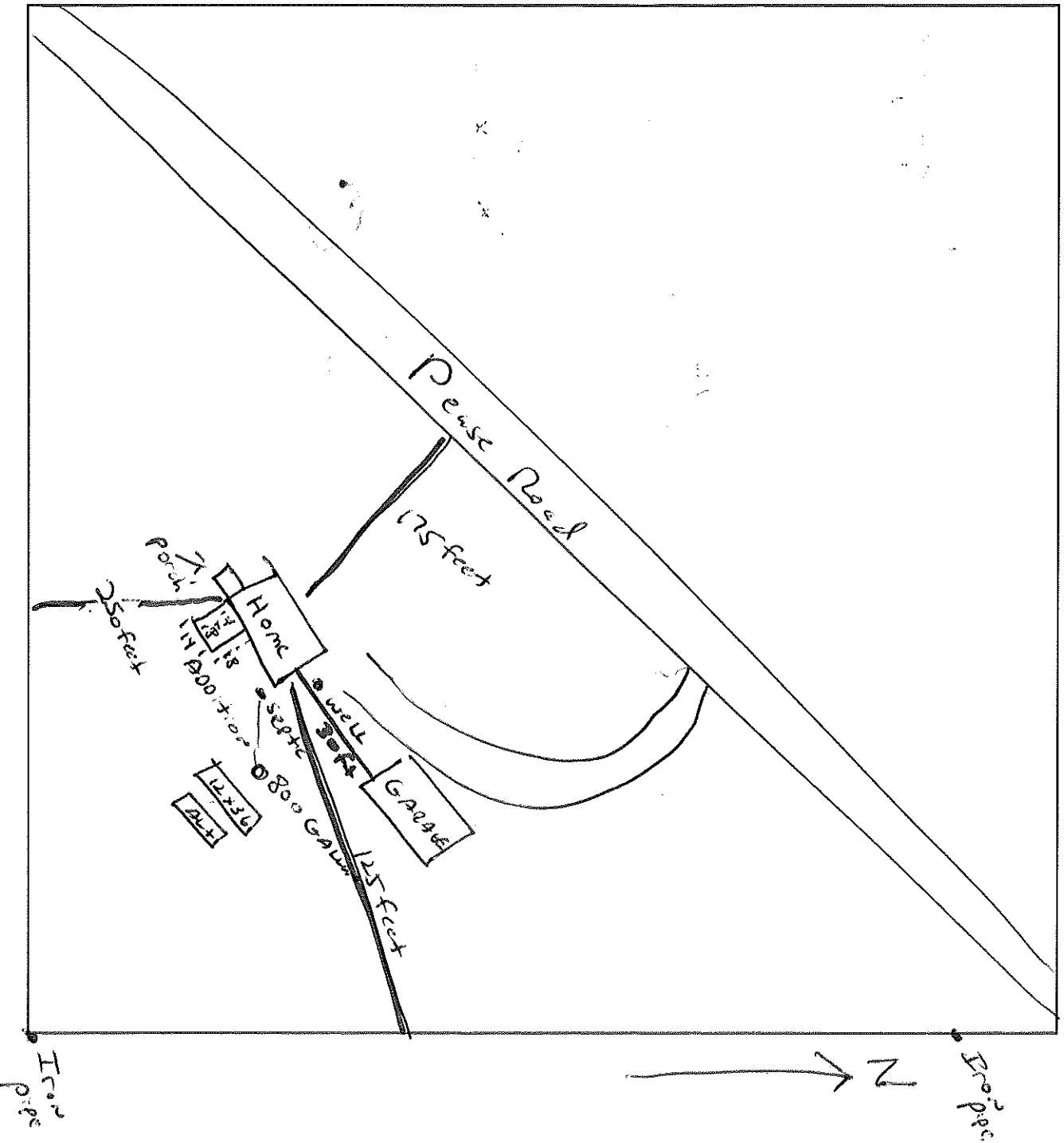
Signed Michael Funtak 4-9-08  
Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

APR 09 2008

Secretarial Staff  
00-0261, 103-0286

297901-97

Lot Line



Name of Frontage Road ( Pease Road )

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage) **14 x 18**
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
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  - d. Septic tank to closest lot line
  - e. Septic tank to building
  - f. Septic tank to well
  - g. Septic tank to lake, river, stream or pond
  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
  - k. Drain field to closest lot line
  - l. Drain field to building
  - m. Drain field to well
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