

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~~
 JUL 20 2009

Application No.: 10-0337
 Date: _____
 Zoning District: AG-1
 Amount Paid: 75 7/21/09 *dkk*

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. 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

Legal Description SE 1/4 of NE 1/4 of Section 15 Township 48 North, Range 5 West, Town of Barksdale
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 32
 Volume _____ Page _____ of Deeds Parcel I.D. 04-002-2-48-05-15-1 04-000-30000

Property Owner Ronald A. Nemeo Contractor scif (Phone) _____
 Address of Property 72605 Ordessaagon Rd Plumber _____
Washburn, WI 54891 Authorized Agent _____ (Phone) _____
 Telephone 373-2013 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No **IF YES.**
 Structure: New _____ Addition Existing _____
 Fair Market Value \$2000 Square Footage 128 sq. ft.

- 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. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) deck
 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) Ronald Nemeo Date 7/20/09
 Address to send permit _____ 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 10-895 Date 8/25/10
 Date 8/30/10 Permit Number 10-0337 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: This deck was built in 2008 without permit. Per some side-the-office with pictures. In the process of replacing sanitary system, soil test complete. Hand paperwork started. By Travis Teubitzky Date of inspection 8/06/2009

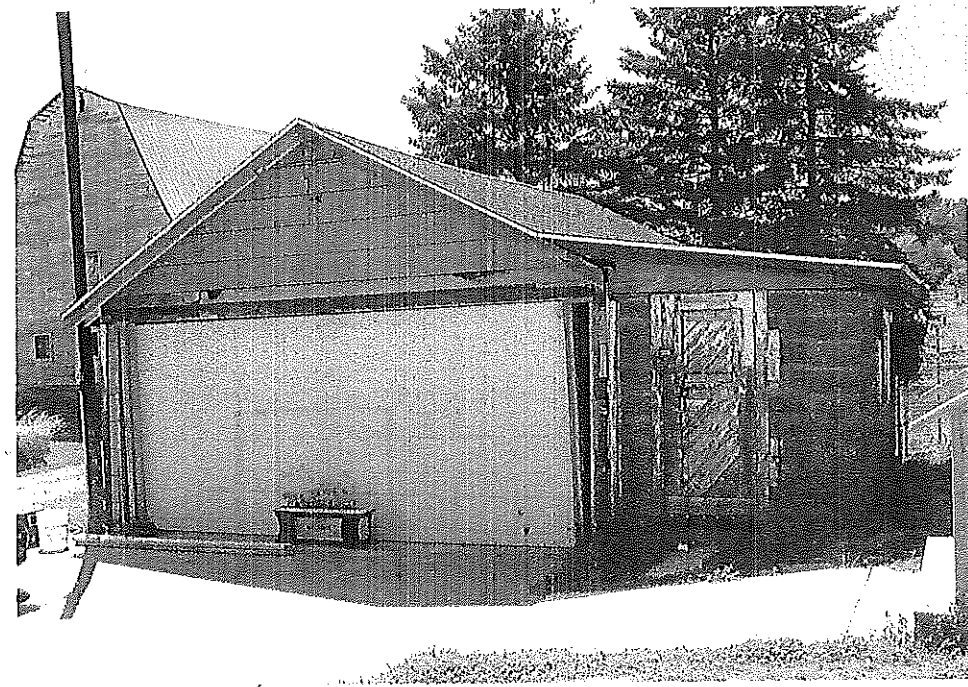
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Travis Teubitzky 8/30/2010
 Inspector Date of Approval

10x24 deck



13x24 95100
7x12 addition (milk house)



8x16 deck

