

\$240

Not Entered

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 07 2010

Application No.: 10-0220
 Date: _____
 Zoning District: F-1
 Amount Paid: Ad Cash \$240
7-1-10 (MF) / 7/7/10 mj

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

Legal Description SE 1/4 of NW 1/4 of Section 17 Township 45 North, Range 5 West, Town of Lincoln

Gov't Lot _____ Block _____ Subdivision _____ Parcel I.D. 04-030-2-45-05-17-2 Acreage 39.081

Volume 686 Page 51 of Deeds

Property Owner Ed + Gun Marie O'Neil
 Address of Property 55565 N. Attainment Rd.

Mason, WI 54856
 Telephone 815-885-1038 (Home) 815-608-2124 cell 763-3150

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

Structure: New _____ Addition Existing _____
 Fair Market Value \$80,000 Square Footage 704

USE: 32' x 22'
 * 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) Kitchen / great room

Residential Accessory Building (explain) bedroom / bath

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) Ted Desrosiers Date 6-29-10

Address to send permit Ted Desrosiers 54525 Barnes Rd, Barnes, WI 54873 Date 6-29-10
 Copy of Tax Statement or ATTACH
 (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 10-495 Date 6-9-10

Date 7/12/10 Permit Number 10-0220 Permit Denied (Date) 6-12-06

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per owner's representation
 By M. Furtak Date of Inspection 7-8-10

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

Condition: _____

Signed Michael Furtak Date of Approval 7-12-10
 Inspector _____

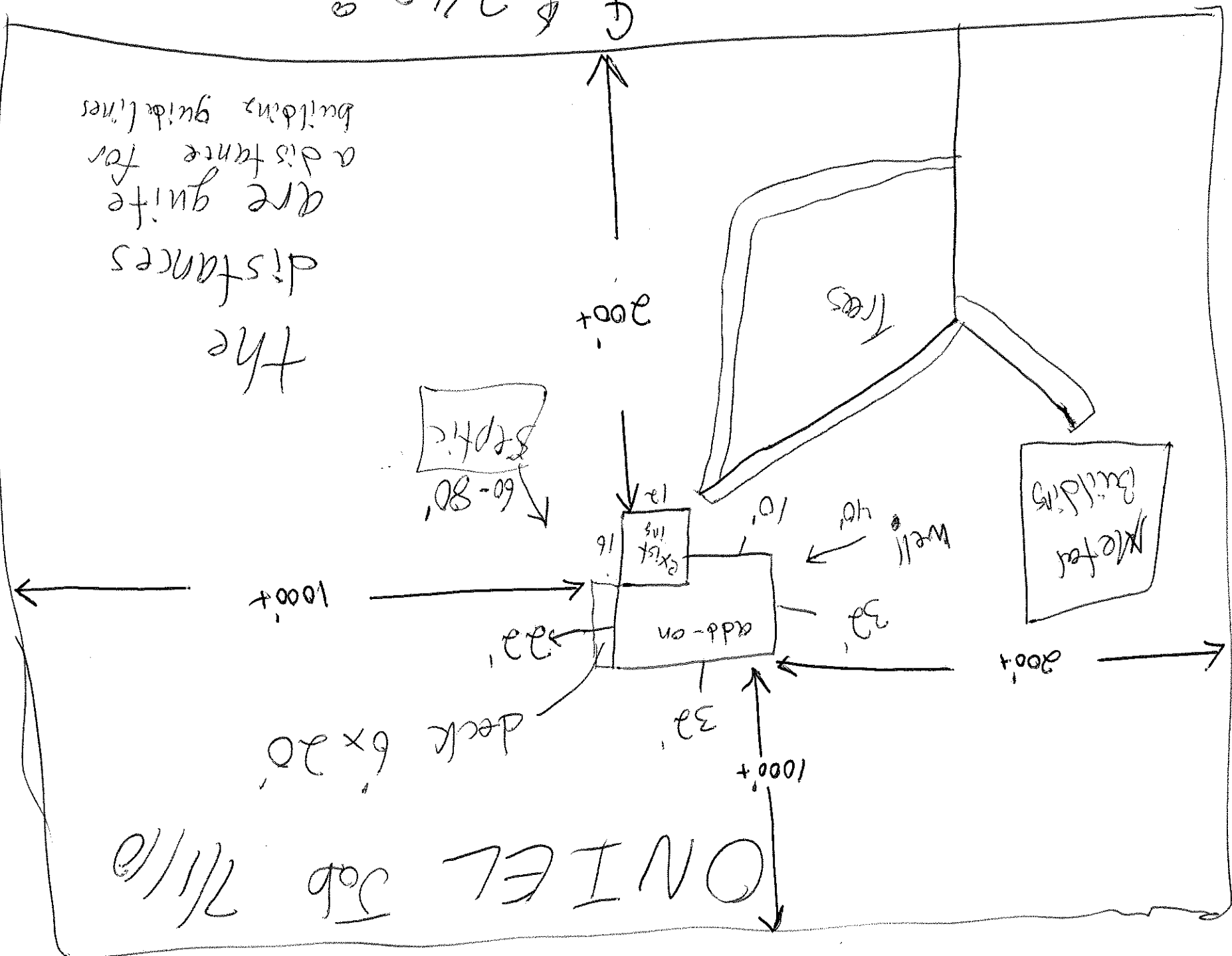
Rec'd for Issuance

JUL 12, 2010

Secretarial Staff

240 & 7

The distances are quite a distance for building guidelines



ONIEL Job 7/1/10