$75

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
MAY 02, 2010
Bayfield Co. Zoning Dept.

Application No.: 10-0139
Date:
Zoning District: R-1, Class 1
Amount Paid: $75.00 RDS 5/7/10

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 _____ 1/4 of _____ 1/4 of Section 35 Township 45 North, Range 9 West. Town of Barnes

Gov't Lot 1 Lot 2 Block _____ Subdivision _____ V.2, P.71 CSM # 67 Acreage 1.57

Volume 479 Page 139 of Deeds Parcel I.D. 04-004-2-45-09-35-4 05-001-80000

Property Owner: Antonio Mendoza
Address of Property: 52255 Haus Rd
Barnes, WI 54873
Telephone: 795-2823 (Home) _____ (Work)

Contractor: Mountainer Const (Phone) _____
Plumber _____
Authorized Agent _____ (Phone) _____
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 _____
Fair Market Value $8,000 Square Footage 768 sq (24'x32')
Basement: Yes _____ No ✓ Number of Stories 1
Sanitary: New _____ Existing ✓ Privy _____ City _____
Type of Septic/Sanitary System Conv

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) _____
☒ Residential Accessory Building (explain) garage
☐ Residential Accessory Building Addition (explain) _____
☐ Residential Other (explain) ✗ _____

☐ 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) _____

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) ✗ Antonio J Mendoza Date 5-4-10

Address to send permit 8630 Jenner Lane S., Cottage Grove, MN 55016

✱ See Notice on Back

ATTACH
Copy of Tax Statement or ✓
(If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 5/25/10 Permit Number 10-0139 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations By M. Furtak Date of Inspection 5-18-10

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

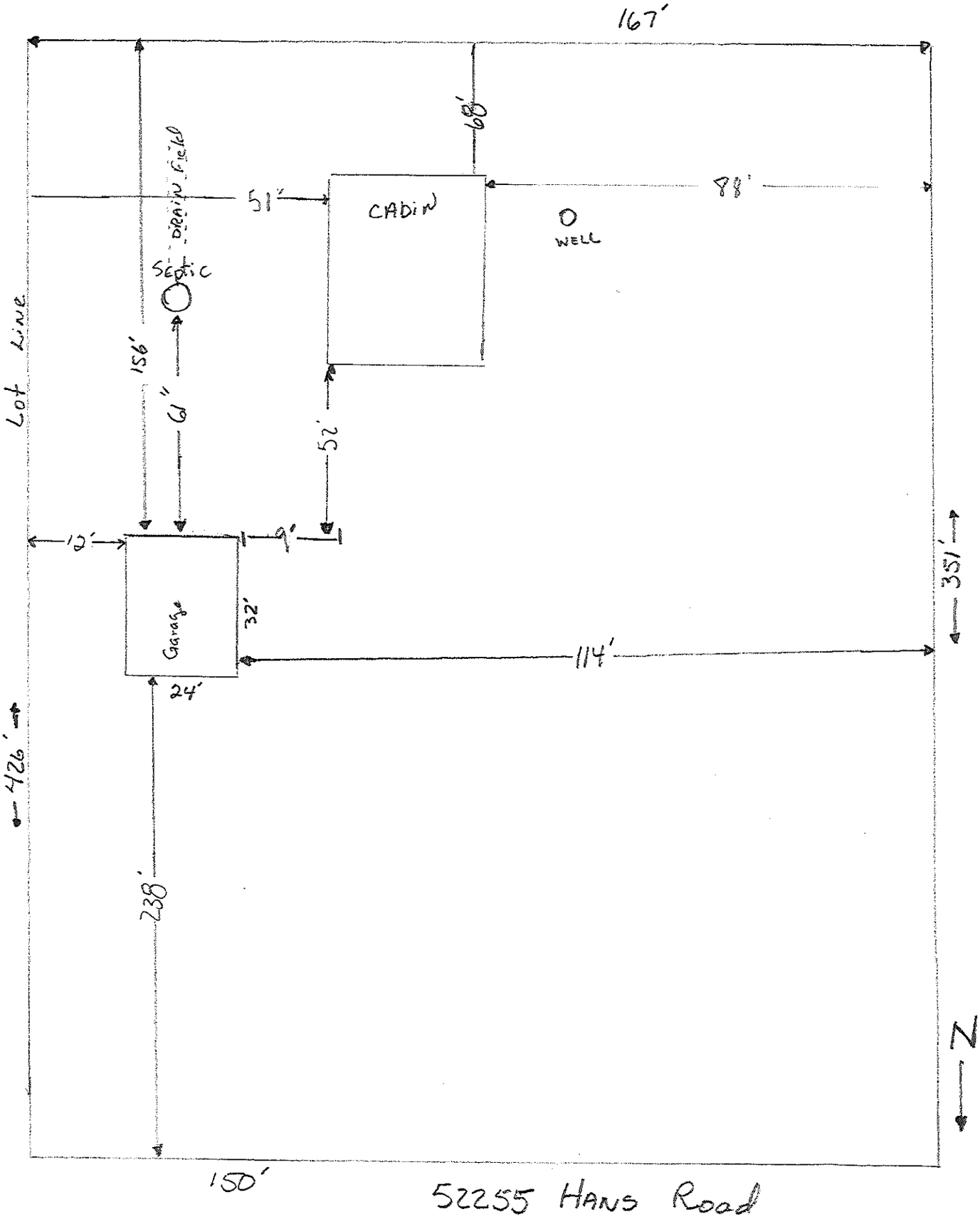
Condition: Not to be used for human habitation. No water under pressure may enter structure.

Signed Michael Furtak 5-19-10
Inspector Date of Approval

Rec'd for Issuance
MAY 2010
Secretarial Staff

2

Sweet LAKE



52255 HANS Road