

\$175

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
 SEP 02 2008
 Bayfield Co. Zoning Dept.

Application No: 08-0536
 Date: _____
 Zoning District: R-1, Class 1
 Amount Paid: \$175.00 PDS
9/2/08 9/8

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: _____ 1/4 of _____ Section 12 Township T43N North, Range R6W West, Town of NAMAKAGON
 Gov't Lot _____ Lot 1 Block _____ Subdivision Namakagon Lakeshore CSM # 359, P. 215 Acreage 1.19
 Volume 877 Page 961 of Deeds Parcel I.D. # 84-034-2-43-06-12-4 00-227-06889
 Property Owner DAVID M & CHERYL K PALOSKI Contractor N/A (Phone) _____
 Address of Property 24845 GARDEN LAKE RD _____
CIRCLE WI 54821 _____
612-751-1394 _____
 Telephone _____ (Home) _____ (Work) _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, 0.75-70'
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Structure: New _____ Addition Existing _____
 Estimated Cost of Construction N/A Square Footage 2000 Sanitary: New _____ Existing City _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) 3+1 (OVER GARAGE)
 Residence sq. ft. 2400 Porch sq. ft. 200
 Deck sq. ft. 300 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) _____
 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) Short-term rental
 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) David M Paloski 9/2/08

Address to send permit 1910 SMITH CIRCLE, WAYZATA MN 55391

* See Notice on Back ATTACH Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 10/2/08 Permit Number 08-0536 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: _____ By M. Furtak Date of Inspection _____
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Fire pit must be removed from shoreline. Mo-mow zone on right side of dock.
 Signed Michael Furtak 9-19-08
 Inspector _____ Date of Approval 9-19-08

04-00 85 Must meet mitigation requirements.

OCT 01 2008

Secretary/Staff

