

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 375-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
FEB 03 2009

Bayfield Co. Zoning Dept.

Application No.: 09-0050

Date:

Zoning District: R-1, Class 1

Amount Paid: 2/5/09 RDS

\$175.-

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.

"Bunk House"

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description: 1/4 of Section 9 Township 43 North Range 6 West, Town of Namakagon
Gov'l Lot 3 Lot 6 Block Subdivision V-2 P. 64 / 20 Acreage 1.5

Volume 307 Page 57 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-003-04000

Property Owner: Gary Staudemeyer (Estate)

Contractor: SELF (Phone)

Address of Property: 21380 River Rd.

Authorized Agent: Amanda Staudemeyer (Phone) 798-2366

Cable, WI 54821

Telephone 798-2346 (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
Fair Market Value Square Footage

Basement: Yes No Number of Stories 1
Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms)

Type of Septic/Sanitary System

* Residence w/deck-porch (# of bedrooms)

Mobile Home (manufactured date)

Residence sq. ft. _____

Commercial Principal Building

* Residence w/deck-porch (# of bedrooms)

Commercial Principal Building Addition (explain)

Residence sq. ft. _____

Commercial Accessory Building (explain)

Deck sq. ft. _____

Commercial Accessory Building Addition (explain)

* Residence w/attached garage (# of bedrooms)

Commercial Accessory Building Addition (explain)

Residence sq. ft. _____

Commercial Other (explain)

Residential Addition / Alteration (explain)

Special/Conditional Use (explain) Short-Term Rental

Residential Accessory Building (explain)

External Improvements to Principal Building (explain)

Residential Accessory Building Addition (explain)

External Improvements to Accessory Building (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) Amanda Staudemeyer

Date 2-3-09

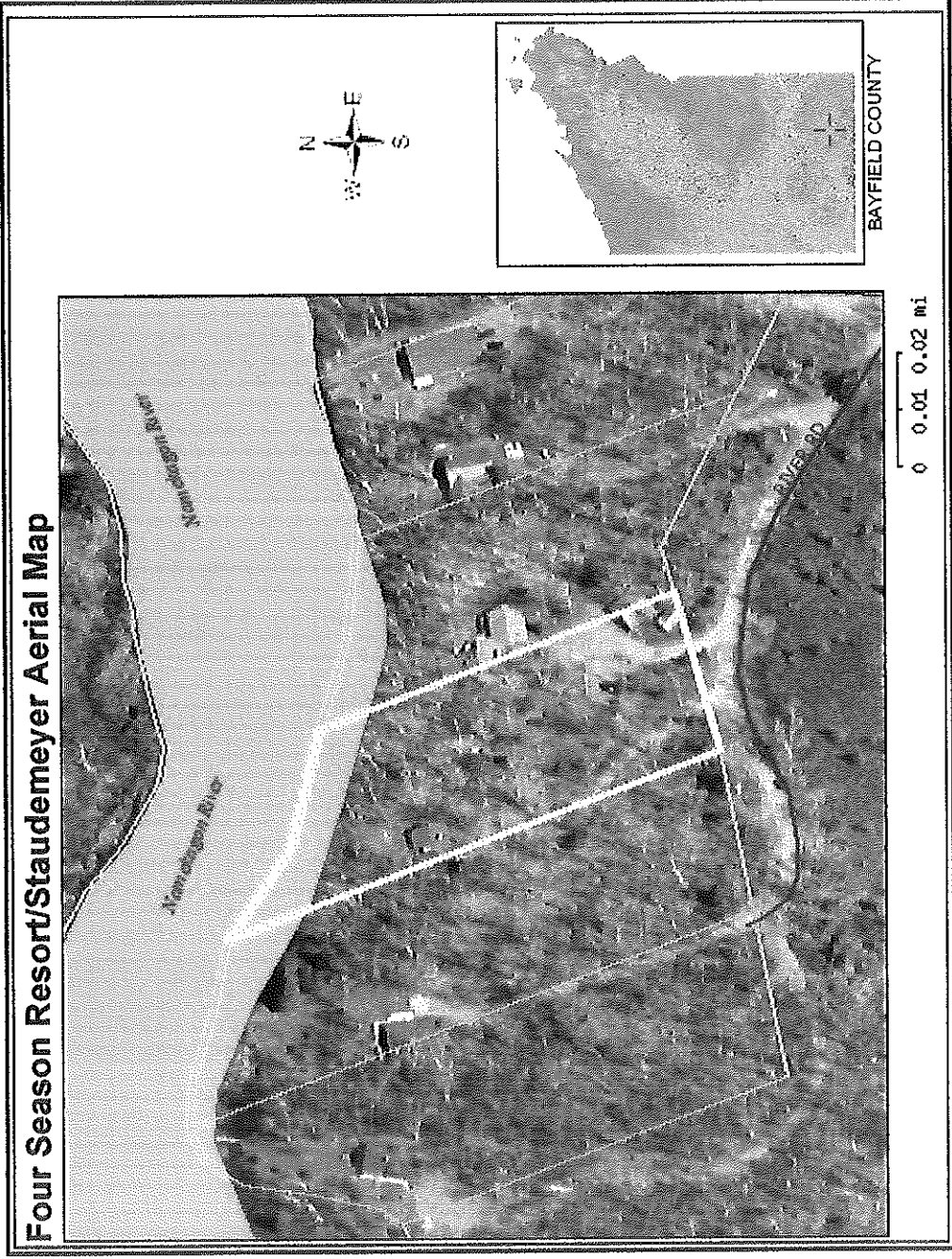
Address to send permit 44705 Birch Pf Rd, Cable, WI 54821

ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 3/18/09 Permit Number 09-0050 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structure is existing
By M. Furtak Date of Inspection 2-12-09 Variance (B.O.A.) # _____
Mitigation Plan Required: Yes No
Condition: Riser must be placed on pump tank. Lock & chains to secure septic/pump tank lids must be in place.
See TBA & affidavit
& 3/18/09 faxed.
Copy for Town's Conditions
Signed Mich ael Furtak 2-13-09 Date of Approval
Inspector Rec'd for Issuance
MAR 17, 2009 Secretarial Staff



Bunk house Cabin