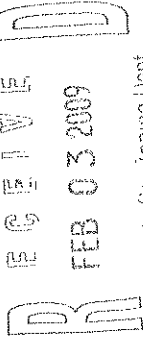


SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



FEB 03 2009

Bayfield Co. Zoning Dept.

Application No.: 09-0051  
Date: \_\_\_\_\_  
Zoning District: R-1, Class 1  
Amount Paid: \$175.00/5/09  
RDS

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.

"Spruce"

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 Namkagon  
Gov't Lot 3 Lot 7 Block \_\_\_\_\_ Subdivision U3.P523 CSM # 405 Acreage 1.8

Volume 448 Page 3 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-003-03000

Property Owner Gary Staudeneyer (Estate) Contractor Self (Phone) \_\_\_\_\_

Address of Property 21350 River Rd. Plumber \_\_\_\_\_

Cable WI 54821 Authorized Agent Amanda Staudeneyer (Phone) 798-2366

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  Square Footage \_\_\_\_\_

Fair Market Value \_\_\_\_\_

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) \_\_\_\_\_

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) Amanda Staudeneyer Date 2-3-09

Address to send permit 44 705 Birch Pt 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 3/17/09 Permit Number 3/10/09 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Structure is existing.

By M. Furtak Date of Inspection 2-12-09

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

Condition: See TBA & affidavit.  
& 3/18/09 faxed copy for town conditions

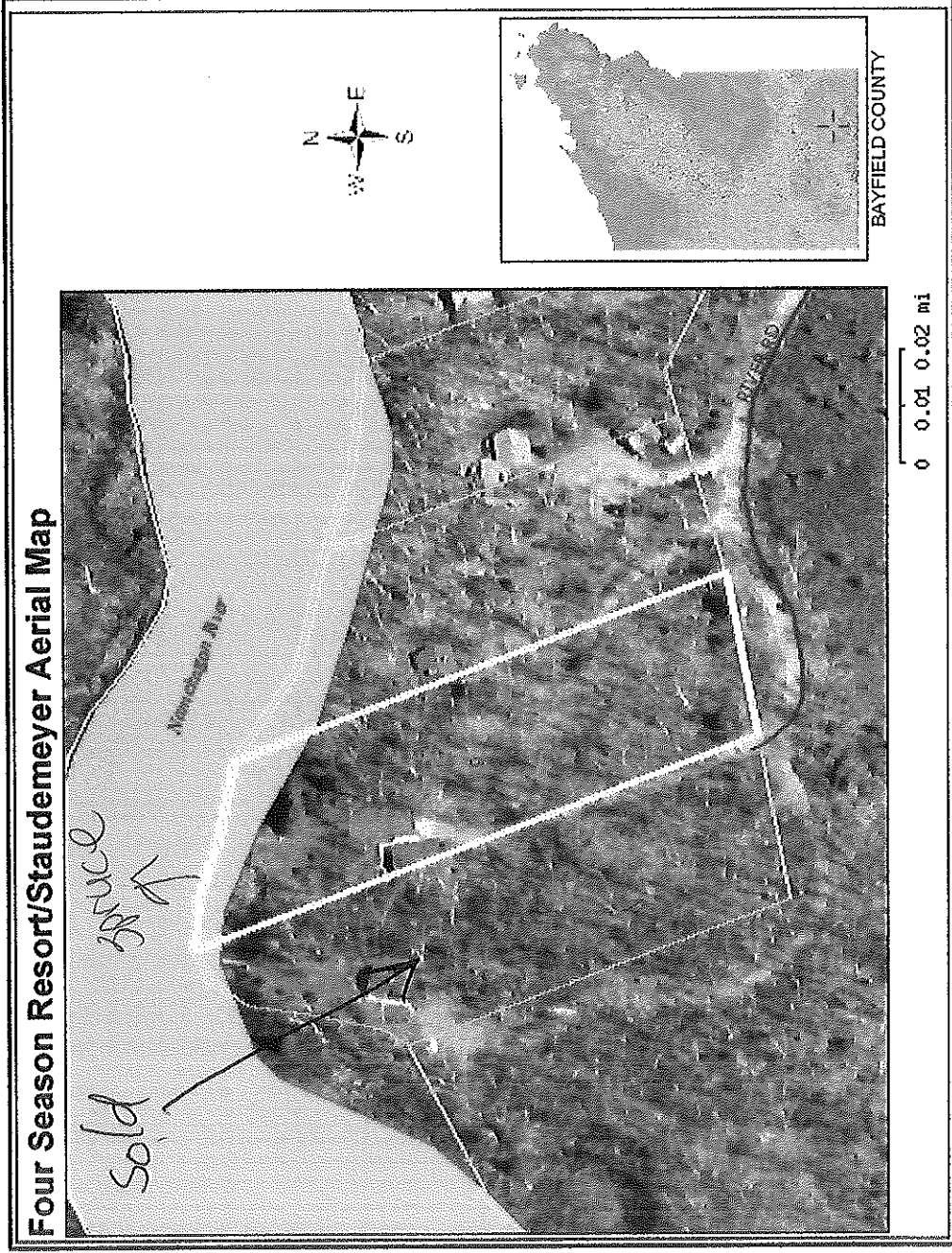
Signed Michael Furtak 2-13-09  
Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

Rec'd for Issuance

MAR 17, 2009

Secretarial Staff





| cabin