

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

Application No.: 09-0053
 Date: _____
 Zoning District R-1, Class 1
 Amount Paid: \$175 2/12/09
mg

RECEIVED
 FEB 12 2009
 BAYFIELD CO. ZONING DEPT.

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. Bayfield Co. Zoning Dept. 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 3 Lot 8 Block _____ 1/4 of Section 9 Township 43 North, Range 6 West, Town of Namekagon
 Gov't Lot _____ Subdivision _____ CSM # 405 Acreage 1.7
 Volume 1004 Page 458 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-003-02000

Property Owner: John Fort Contractor _____ (Phone) _____
 Address of Property 21310 River Road Plumber _____
Cable, WI 54821 Authorized Agent Mike Best (Phone) 715-558-9019

Telephone 515-202-3403 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New _____ Addition _____ Existing
 Fair Market Value _____ Square Footage _____
 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. _____
- * 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) Mike Best Date _____

Address to send permit P.O. Box 802 / HAYWARD, WI 54843 ATTACH _____
 Copy of Tax Statement
 * See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

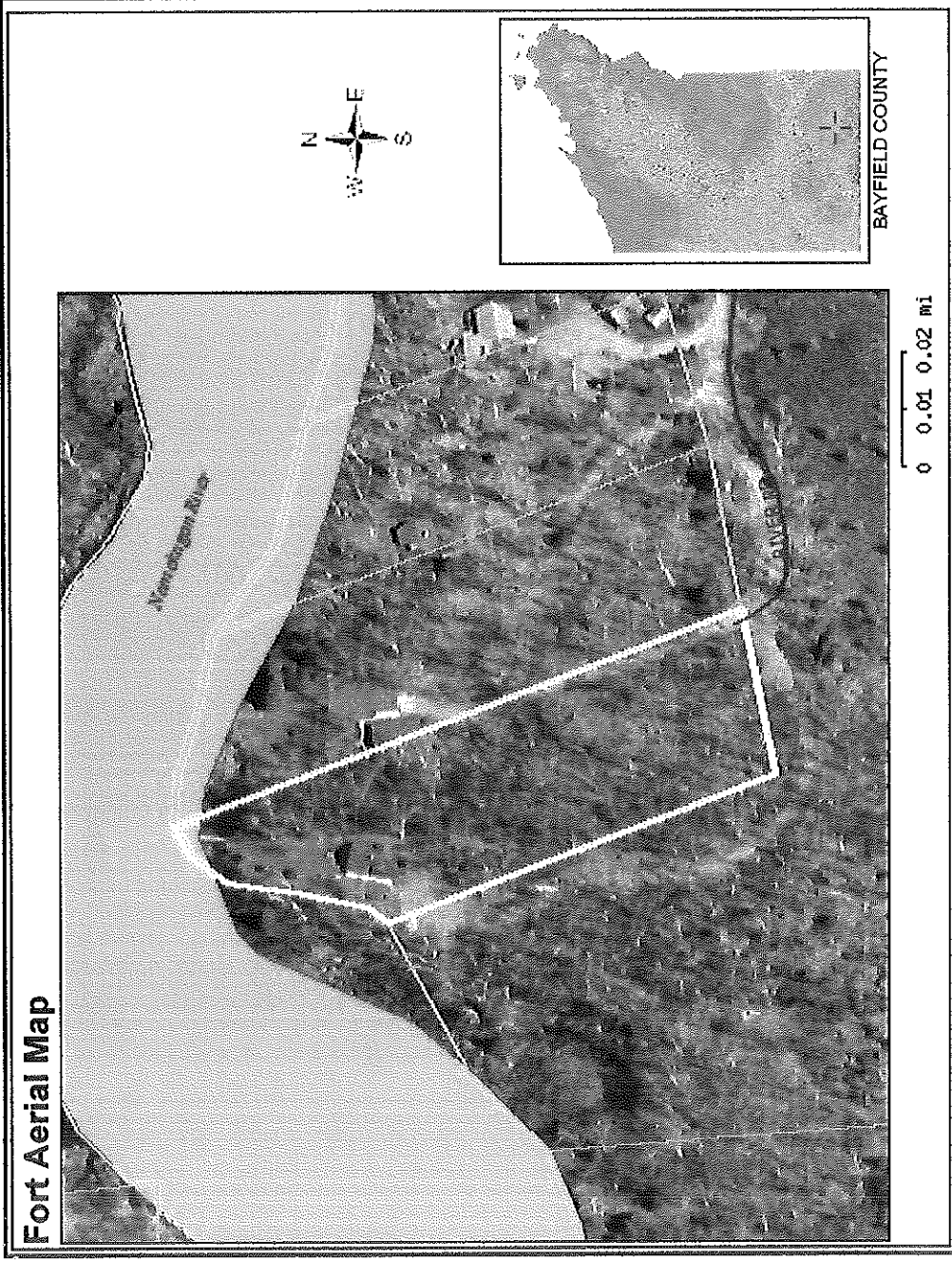
Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 3/20/09 Permit Number 09-0053 Permit Denied (Date) _____
 Reason for Denial: 0
 Inspection Record: Structure is existing. Previously part of 4 Season Resort. By M. Frutak Date of Inspection 2-19-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: See TBA & affidavit

Signed Michael Frutak Inspector 2-20-09
 Rec'd for Issuance

MAR 19, 2009

* Legal, to smt / deed / taxes / legal on TBA official stamp

ENTERED



<http://www.bayfieldcounty.org/cgi-bin/mapserv.exe?imgxy=249.5+219&imgbox=-1+-1+-...> 2/13/2009