

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.: 09-0378
 Date: _____
 Zoning District: RRB, Class 1
 Amount Paid: 750/24109 mg

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 9 Township 43 North, Range 6 West, Town of Nam-

Gov't Lot 5 Lot 2 Block _____ Subdivision V.9, P.3 Acreage 1.967

Volume 10/2 Page 386 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-002-11200

Property Owner Joe Peter / Kamal Karam Contractor Joe Peter (Phone) 507 254 6096

Address of Property 21453 Tenets Pt Plumber None

Road Cabk 54821 Authorized Agent _____ (Phone) _____

Telephone 507-254-6096 (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____

Fair Market Value 10,000 Square Footage 1224'

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) Deck Coax

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) Joe Peter Date Aug 18 2009

Address to send permit 1879 Deer Haven Ln SE, Exora Mn, 55984 ATTACH _____

* See Notice on Back Copy of Tax Statement of _____

(If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 9-1-09 Permit Number 09-0378 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked, Metal all anchors. Property lines per

owner's representations. By M. Furtak Date of Inspection 8-27-09

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

Condition: Not to be used for human habitation.

Signed Michael Furtak 8-31-09 Date of Approval _____

Inspector Rec'd for Issuance

SEP 1, 2009

Secretarial Staff

21453 Juneks Pt Road
Cable Wisconsin
Joe Peter

Site map -

↑ North

