

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

OCT 02 2009

ENTERED ✓

Application No.: 09-0494
 Date: _____
 Zoning District: R-1, Class 1
 Amount Paid: \$195 10/6/09
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: part of _____ 1/4 of Section 10 Township 43 North, Range 6 West, Town of Namakagon
 Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.242

Volume 961 Page 133 of Deeds Parcel I.D. 04-034-2-43-06-10-2 05-002-10000
 Property Owner Richard & Pamela Ruegger Contractor SELF (Phone) _____
 Address of Property 44940 Bay Drive Plumber _____
Cable, WI 54821 Authorized Agent _____ (Phone) _____

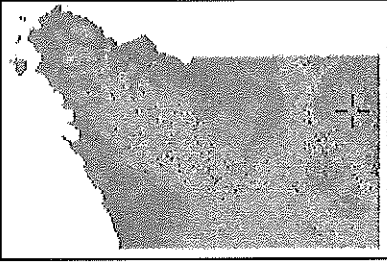
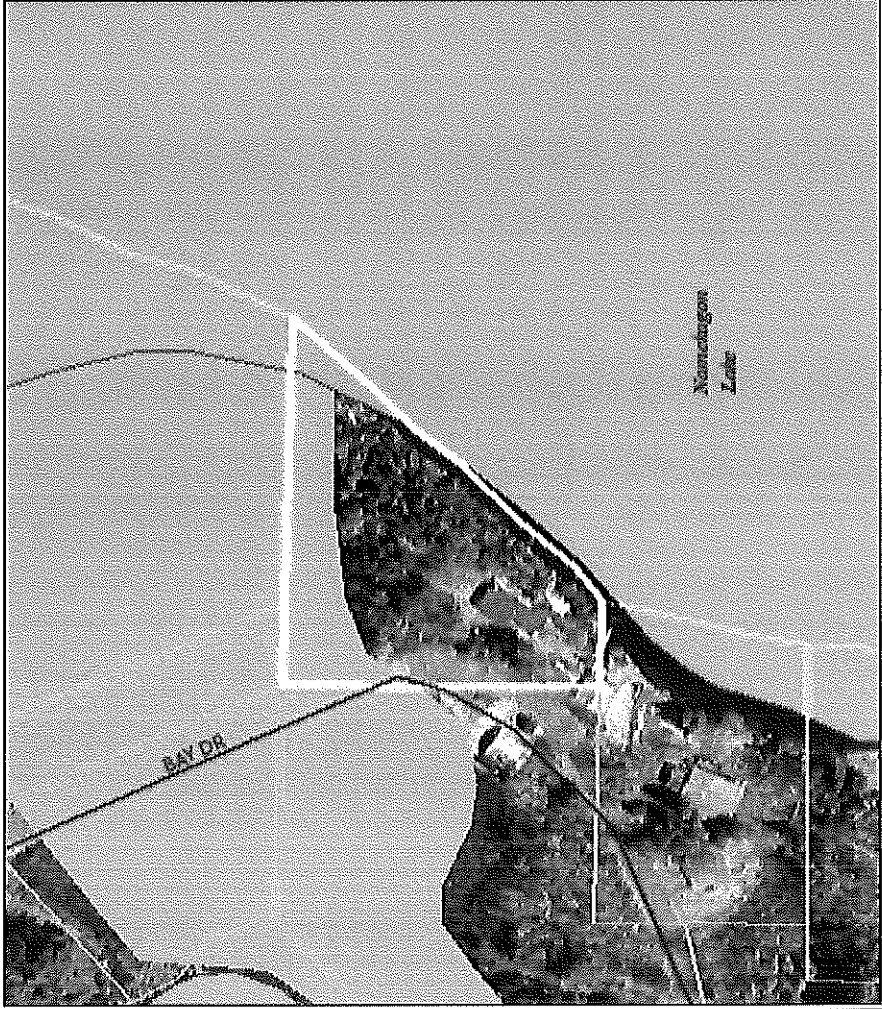
Telephone (608) 3659922 (Home) (608) 3126181 (Work) Written Authorization Attached: Yes No
 Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing
 Fair Market Value _____ Square Footage _____
 USE: _____
 * Residence of Principal Structure (# of bedrooms) 2
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) 2
 Residence sq. ft. 1000 Porch sq. ft. 603
 Deck sq. ft. 150 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 OF 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) Schot Ryger / Pamela Ruegger Date 9.29.09
 Address to send permit 6405 Edgewater Dr. Beloit, WI 53511 ATTACH _____
 * See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 10/20/09 Permit Number 09-0494 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structures are existing. By M. Furdak Date of Inspection 10-8-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____ Rec'd for Issuance
 Condition: See TBA See _____ Date of Approval _____
 OCT 20, 2009
 Secretarial Staff
 Signed Michael Furdak 10-12-09
 Inspector Date of Approval

Ruegger Aerial/Wetland Map



BAYFIELD COUNTY

0 0.01 0.02 mi