

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
APR 05, 2010

Bayfield Co. Zoning Dept.

Application No. 10-0064
Date: _____
Zoning District BBB
Amount Paid: \$100
4/7/10 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 NE 1/4 of NE 1/4 of Section 23 Township 43 North, Range 6 West, Town of Neve/Kayon
Gov't Lot 1 Block 1 Subdivision 1685 CSM # 1685 Acreage 1.835
Volume 10 Page 55-56 of Deeds Parcel I.D. 04-034-2-43-06-23-1-01-000-21000-28,000
Property Owner Shaun Bial Contractor sej (Phone) 715-246-4516

Address of Property Cable, WI 54821
42915 City Rd 0

Telephone 715-781-0653 (Home) _____ (Work) _____

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

Structure: New Addition Existing
Fair Market Value 2,000,000 Square Footage 480 ft
USE: 4' x 120 ft

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

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

Residence sq. ft. _____ Porch 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) Stairs to lake

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) 100 & 192nd Ave Newumbria Date 3-27-10

Address to send permit 54017 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 4/7/10 Permit Number 10-0064 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Mets all setbacks. Property lines per owners

representations By M. Furtak Date of Inspection 4-1-10

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

Condition: Must use best management practices to prevent

erosion or siltation of Lake and log wetlands.

Signed Michael Furtak 4-5-10

Inspector _____ Date of Approval _____

Rec'd for Issuance

APR 7, 2010

Secretarial Staff

