

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

MAR 12 2010

Application No.: 10-0172
 Date: 10-01-10
 Zoning District: ARB
 Amount Paid: 175/3-15-10
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 1/4 of 1/4 of Section 3 Township 43 North, Range 6 West, Town of Naurakagon

Gov't Lot 24 Block Mississippi ACSM # 1.530

Volume 897 Page 568 of Deeds Parcel I.D. 04-034-2-43-06-03-1 00-222-2400

Property Owner Frene Ruth Sykes Rev. Trust Contractor Patsy Rieckhoff (Phone) 794-2113

Address of Property 22765 Missionary Pt. Dr. Plumber _____

Cable, WI 54821 Authorized Agent Patsy Rieckhoff (Phone) 794-2113

Telephone _____ (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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

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. _____ 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) Patsy Rieckhoff Date 3-11-10

Address to send permit 23380 Missionary Pt. Dr, 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 6-7-10 Permit Number 10-0172 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structures are existing
 By M. Furtak Date of Inspection 3-11-10

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

Condition: Need riser on septic tank and lock & chairs.

Signed Michael Furtak Date of Approval 4-1-10
 Inspector _____

Rec'd for issuance

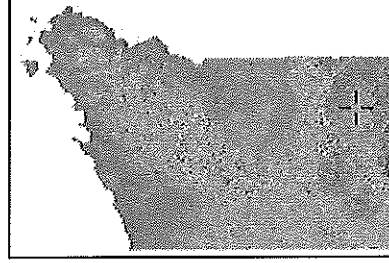
JUN 7 2010

Secretary, Staff

Sykes Trust Aerial/Flood Plain/Wetland Map



0 0.01 0.02 mi



BAYFIELD COUNTY