

Gazebo

\$215

Not Entered

18

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.: 10-0271
 Date: _____
 Zoning District: R-1, Class 2
 Amount Paid: \$215
7/19/10 mg

RECEIVED

JUL 15 2010

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.

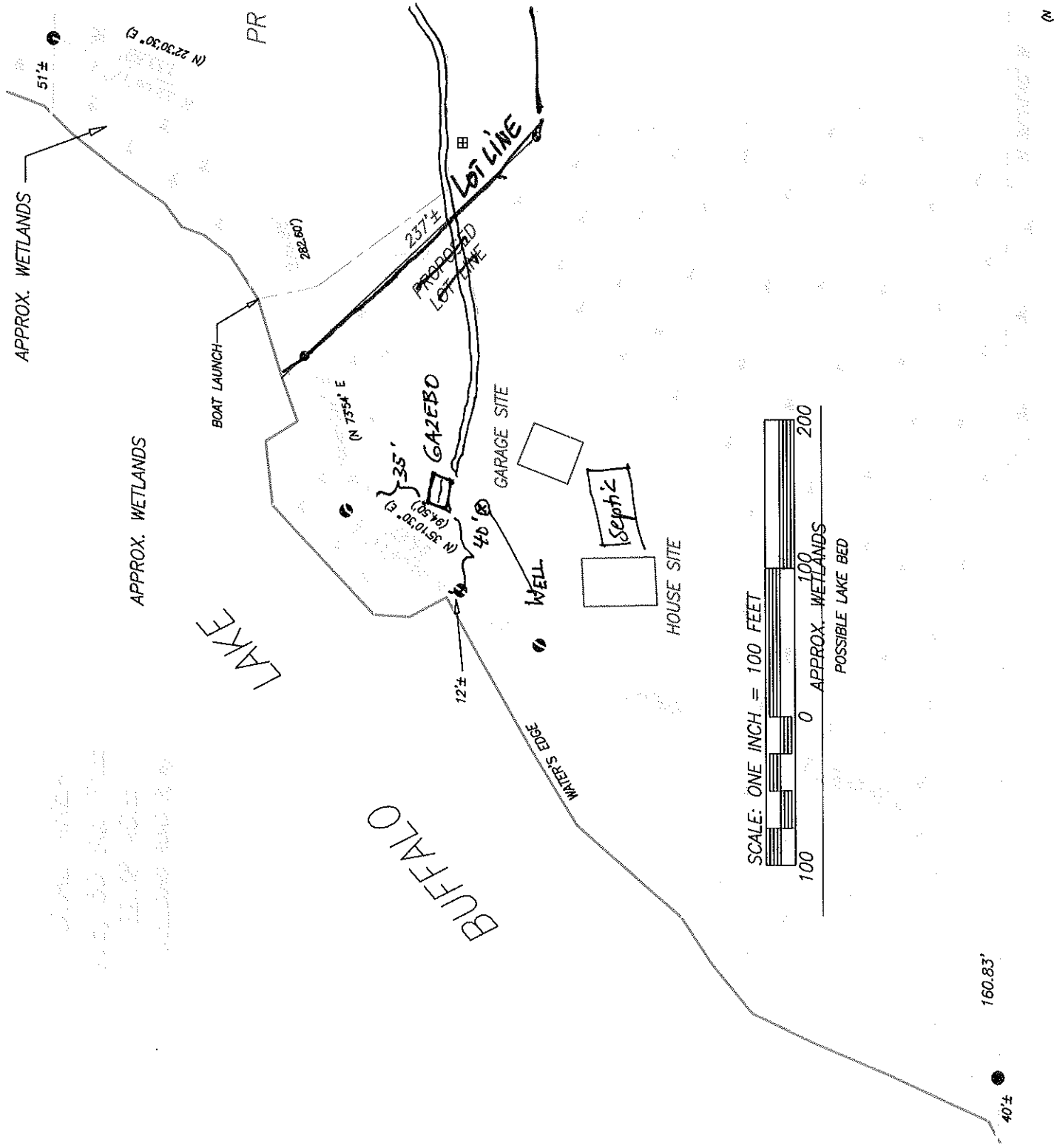
LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
 Legal Description: part of 1/4 of 35 Township T43 North, Range SW West, Town of Namakagon
 Gov't Lot 1 Lot 2 Block _____ Subdivision _____
 Volume 997 Page 363 of Deeds Parcel I.D. # 04-034-2-43-05-35-4 Acreage 1.388
 Property Owner HERB PILUTER/ROSEMARY JANUSCHKA Contractor JAN WOREK (Phone) 715 588 3449
 Address of Property 10365 BUFFALO LAKE RD Plumber _____
CLAM LAKE WI 54517 Authorized Agent _____ (Phone) _____

Telephone (715) 794-2142 (Home) (651) 769-4118 (Work)
 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
 Estimated Cost of Construction 21000 Square Footage 70 Sanitary: New Existing Privy City
 USE: Conv

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/attached 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) not
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) GAZEBO (see picture)

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) Herb Piluter Date July 13/2010
 Address to send permit 7465 S. Robert Trl. ATTAACH
INNER GROVE HTS. MN. 55077 Copy of Tax Statement
 * See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 6/2/10 Permit Number 10-0271 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets all required setbacks Property lines per owners representations. By M. Fustek Date of Inspection 7-29-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: see affidavit.
 Signed Michael Fustek 7-30-10
 Inspector Rec'd for Issuance Date of Approval _____
 JUL 30 2010
 Secretarial Staff



CERTIFICATE