

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

SEP 14 2010

Application No: 10-0374
 Date: _____
 Zoning District: R-1, Class 1
 Amount Paid: \$75
9/17/10 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 2 Township Namakegonbuth, Range 6W West, Town of Namakegon (43)

Gov't Lot 1 Lot A+5 Block _____ Subdivision Wilforest CSM # _____ Acreage 12.7

Volume V. 519 Page 69-70 of Deeds Parcel I.D. 04-034-2-43-06-02-1 01-000-40000

Property Owner Michael and Kay Kennedy Contractor Cory Holsclaw (Phone) (218) 428-5123

Address of Property Cable WI 54821 Plumber _____

Telephone 715-794-2022 (Home) _____ Authorized Agent _____ (Phone) _____

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

Structure: New _____ Addition _____ Existing _____
 Fair Market Value \$10,000.00 Square Footage 1672 sq ft

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____ (Work) _____

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) Replace roof, extend eaves

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Michael Kennedy Date 9.14.10

Address to send permit 45830 Co Hwy D Cable WI 54821

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date: 9/20/10 Permit Number 10-0374 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing. Meets all setbacks. Property lines per owner's representations. By M. Futch

Date of Inspection 9-16-10

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

Condition: No increase in structures footprint.

Signed Michael Futch Date of Approval 9-20-10

Inspector _____

Date of Approval _____

Copy of Tax Statement or _____

Attach a Copy of Recorded Deed _____

ATTACH

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