

Class A

\$175 + \$295  
SU LU

ENTERED

18

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:  
Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

RECEIVED  
SEP 20, 2010  
Bayfield Co. Zoning Dept.

Application No.: 10-0423  
Date: \_\_\_\_\_  
Zoning District: RRB, Class 1  
Amount Paid: \$295 L.L.  
9/22/10 mg \$175 - SPEC A

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 21 Township 43 Lakewoods Villages Units 1-46 North, Range 60 West, Town of Nemaugagon  
Gov't Lot NE Lot NW Block  
Volume 659 Page 391 of Deeds Parcel I.D. 04-034-2-43-06-21-1 00-623-0100 thru 4600  
Property Owner: Lakewoods Villages Condo Assoc. + Lakewoods Lodge + Contractor  
Address of Property: 21540 City Hwy M  
Cable, WI 54821  
Telephone: 794-2561 (Home) (Work)  
Authorized Agent: Phil Rasmussen (Phone) 794-2561  
Plumber  
Written Authorization Attached: Yes  No  on file

Is your structure in a Shoreland Zone? Yes  No  if yes.  
Structure: New  Addition Existing \_\_\_\_\_  
Fair Market Value: \$110,000 Square Footage \_\_\_\_\_  
USE: Pool 1503 sq ft, 2995 sq deck  
 \* 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) \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No   
Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
 Mobile Home (manufactured date) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) Shoreland Grading  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Phil Rasmussen Date 9/20/10  
Address to send permit 21540 CTH M Cable, WI 54821

\* See Notice on Back  
APPLICANT - PLEASE COMPLETE REVERSE SIDE  
Copy of Tax Statement or  
Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date: 10/15/10 Permit Number: 10-0423 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Activity to take place on/in existing pool site.  
Slopes of 18% or more By M. Funtok Date of Inspection 9-23-10  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: Must use best management practices to prevent erosion and/or siltation off the lake.  
Signed: Michael Funtok 9-24-10 Date of Approval \_\_\_\_\_  
Inspector: \_\_\_\_\_ Rec'd for issuance \_\_\_\_\_  
OCT 13, 2010

(8)

Secretarial Staff



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