

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
 NOV 19 2010

Application No.: 10-0502
 Date: _____
 Zoning District: RRB, Class 1
 Amount Paid: \$175.00 11/19/10

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: 21 1/4 of Section 43 Township 43 North, Range 60 West, Town of Namakegon
 Gov't Lot 13 Block _____ of Deeds _____
 Volume 489 Page 214 Parcel I.D. 04-034-2-43-06-21-1 CSM # 48 Acreage .48

Property Owner: Douglas J. Cleary Contractor _____ (Phone) _____
 Address of Property: 42805 Lake Ridge Road Plumber _____
Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone: 612-669-5236 (Home) 612-669-5236 (Work)

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

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 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) [Signature] Date 11-8-10

Address to send permit 210 Rustic Lodge West Milwaukee WI 53419 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 12/22/10 Permit Number 10-0502 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure is existing. Non-conforming to side yard setback. By M. Futek Date of Inspection 12-2-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Town Condition Attached.

Signed Michael Futek Inspector
12-3-10
 REC'D FOR INSPECTION

DEC 22 2010

Secretarial Staff

