

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 29 2008
 Bayfield Co. Zoning Dept.

Application No.: 08-0576
 Date: _____
 Zoning District: C
 Amount Paid: \$125.00

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 NW 1/4 of SE 1/4 of Section 28 Township 49 North, Range 4 West, Town of Bayview

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ Acreage 5.0

Volume 1000 Page 258 of Deeds Parcel I.D. 008-1032-07-990

Property Owner Spisnague House LLC Contractor Justin Gingench (Phone) 292-4221

Address of Property 7780 St. Hwy 13 Plumber _____

Washburn, WI 54891 Authorized Agent Jill Lorenz (Phone) 373.5708

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 Basement: Yes No Number of Stories 2

Fair Market Value \$7000 Square Footage 3187 Sanitary: New Existing Privy City _____

USE: \$14,000 total = 687 sf Type of Septic/Sanitary System Holding Tank

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) Deck + stairs ^{from 2nd floor} Deck and ramp ~~escape~~

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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) Edward Dacht Date 9/29/08

Address to send permit Pick-up 10.14.08 Date 10.14.08
 ATTACH

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 126764 Date 10/18/1989

Date 10/21/08 Permit Number 08-0576 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owners representations. Review of Ted were present at time of inspection. Proposed deck, stair ramp addition were started. Holding tanks were inspected by Travis / G. G. G. Date of inspection 10/17/2008. Risers + mantle covers w/locks to be installed.

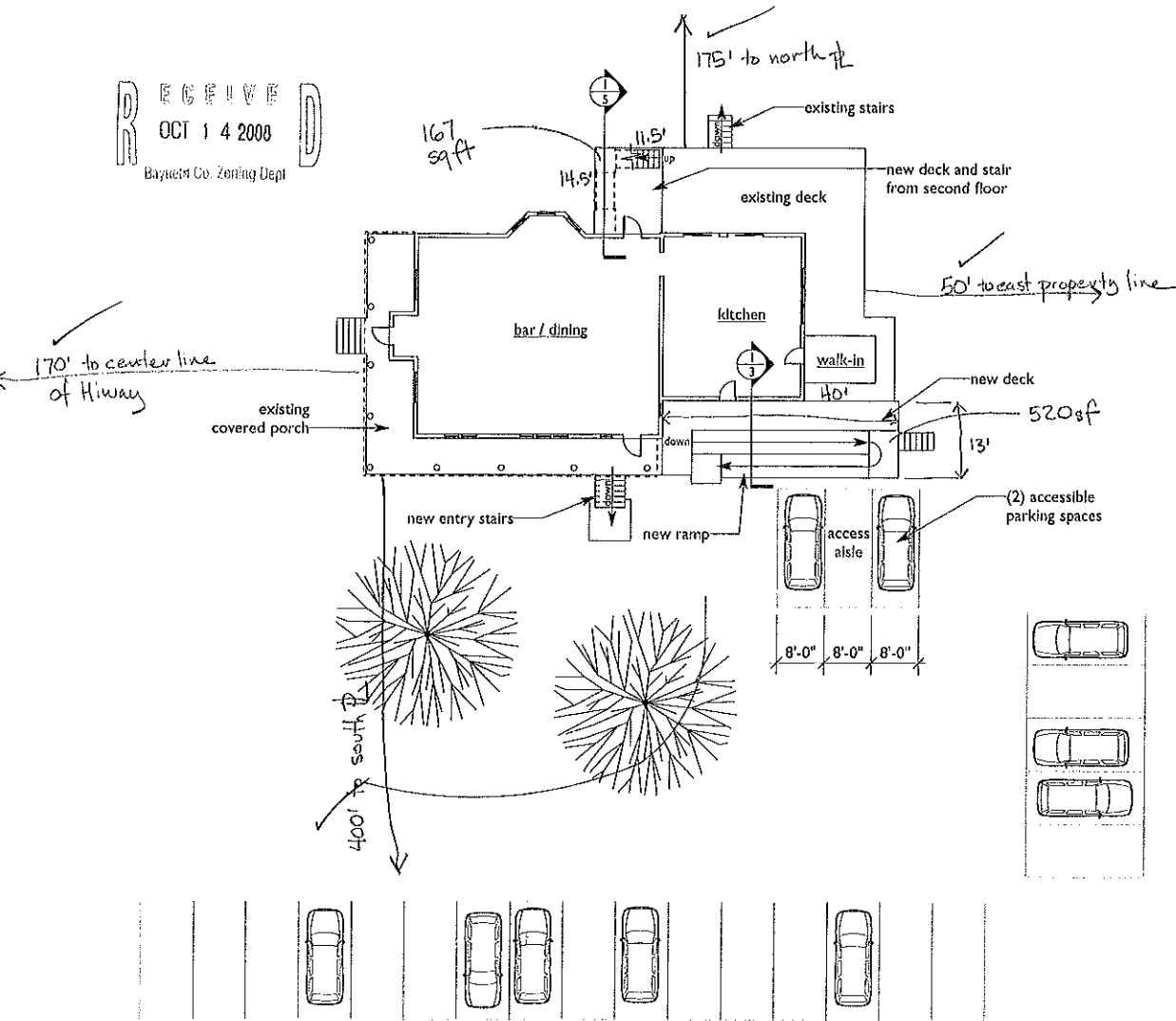
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

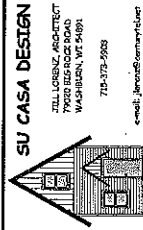
Signed Travis February Date of Approval 10/17/2008
 Inspector _____

Rec'd for Issuance

RECEIVED
 OCT 14 2008
 Bayfield Co. Zoning Dept



SITE PLAN
 1" = 20 ft



SU CASA DESIGN
 TULLY OSBORN ARCHITECT
 7920 BEECHER ROAD
 WASHBURN, WI 54981
 715-375-4900
 e-mail: jared@su-casa.com

GOOD THYME RESTAURANT

77180 Highway 13
 TOWN OF BAYVIEW, WISCONSIN

10.14.08
SHEET NO.
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