

Transfer \$120 + \$5 Cash

Application No. 08-0102
 Date: _____
 Zoning District R-1 Class 3
 Amount Paid: X-Fer \$120.00
5,000 Cash
4/23/08 \$125.00 RDS

EXEMPTED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
APR 21 2008

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

Bayfield Co. Zoning Dept.

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 NW 1/4 of SW 15 Township 43 North, Range 7 West, Town of Cable

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 35

Volume 967 Page 25 of 25 Parcel I.D. # 012-1039-05 Use Tax Statement for Legal Description _____

Property Owner Leroy & Salvadore Borsellino Contractor self (Phone) _____

Address of Property XXX Kinzie Rd Plumber _____

Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 798-3670 (Home) 798-3253 (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 Basement: Yes No Number of Stories 1

Estimated Cost of Construction \$20,000 Square Footage 380 Sanitary: New Existing Privy _____ City _____

USE: * Residence of Principal Structure (# of bedrooms) 2 22' x 40' Mobile Home (manufactured date) _____

Residence sq. ft. 0 Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

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 Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____

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

Residential Accessory Building Addition (explain) _____

Residential Other (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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Fred &葆拉 Borsellino Submitter Building: 4-17-08
 Address to send permit 16105 County Hwy M, Cable, WI 54821 ATTACH _____
 Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number _____ Date _____

Date 5/5/08 Permit Number 08-0102 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks Property Owner owned
representations By M. Fustak Date of inspection 5-1-08

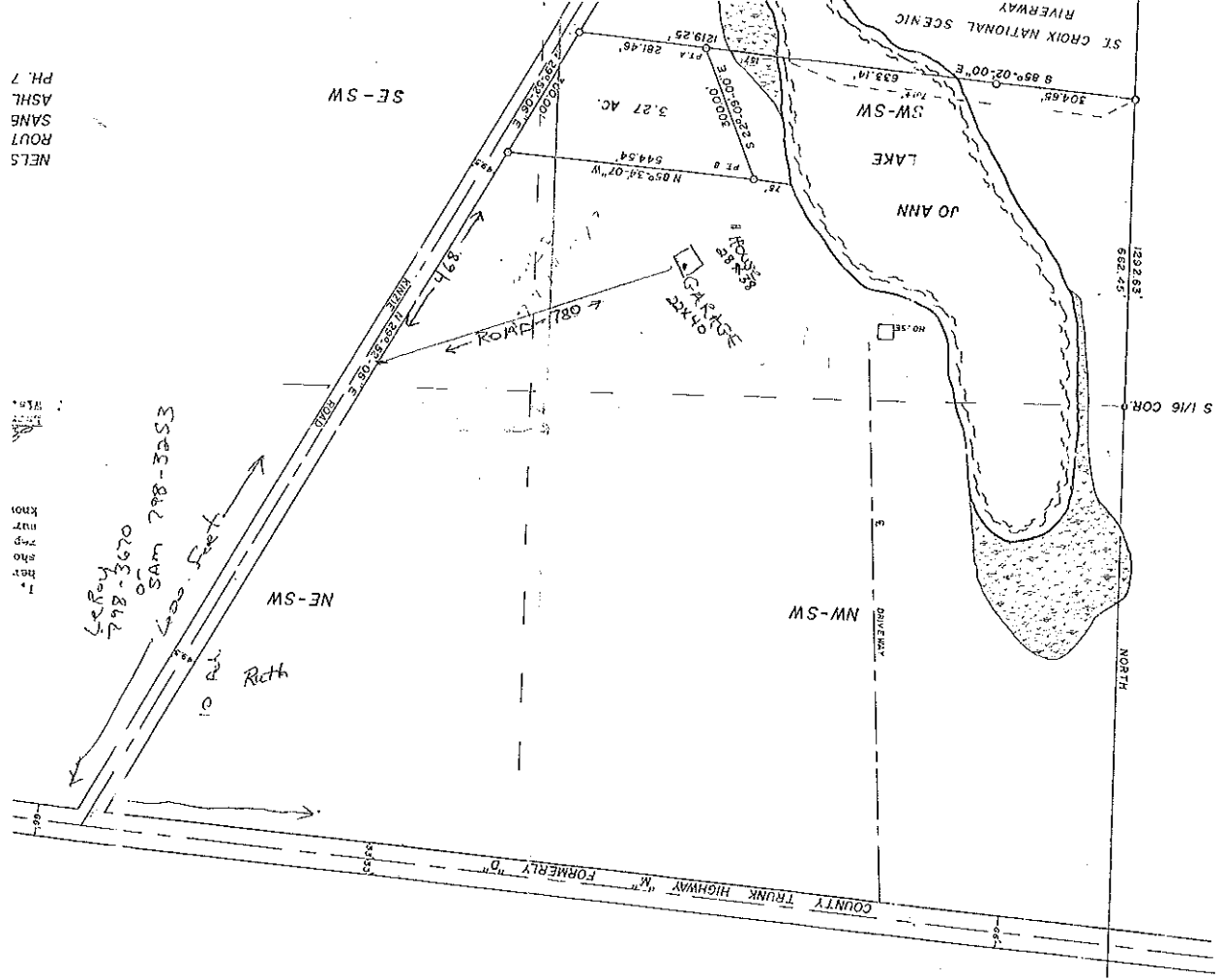
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: Not to be used for human habitation.

Signed Michael Fustak 5-5-08 Date of Approval
 Inspector _____
 Rec'd for Issuance _____

MAY 05 2008

Secretarial Staff



NELS
ROUT
SANG
ASHL
PH. 7

I.
ret.
sho.
rup.
kno.

100' 00" Right

600' 00" Dist.

SAM 788-3253

998-3670