

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
JUL 28 2008
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.

Application No. 08-0385
Date: _____
Zoning District R-1
Amount Paid: \$75.00 ROS
7/28/08

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Legal Description SE 1/4 of SW 1/4 of Section 18 Township 43 North, Range 7 West, Town of Cable
Gov't Lot _____ Lot _____ Block _____ Subdivision Assessors Plat # 2 CSM # _____ Acreage .82

Volume 717 Page 55 of Deeds Parcel I.D. # 012-1173-10 Use Tax Statement for Legal Description

Property Owner Sim Teasdale Contractor self (Phone) _____

Address of Property 43235 Radvyek Rd Plumber _____

Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 798-4469 (Home) _____ (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 _____

Estimated Cost of Construction \$900 Square Footage 452 Sanitary: New Existing Privy City

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) 5
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) Tent/tepee

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) Jim Teasdale Date 7-24-08

Address to send permit same as above

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 8/6/08 Permit Number 08-0385 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: well staked Meets all articles. Property line preserved
representations By M. Furtak Date of Inspection 8-1-08

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

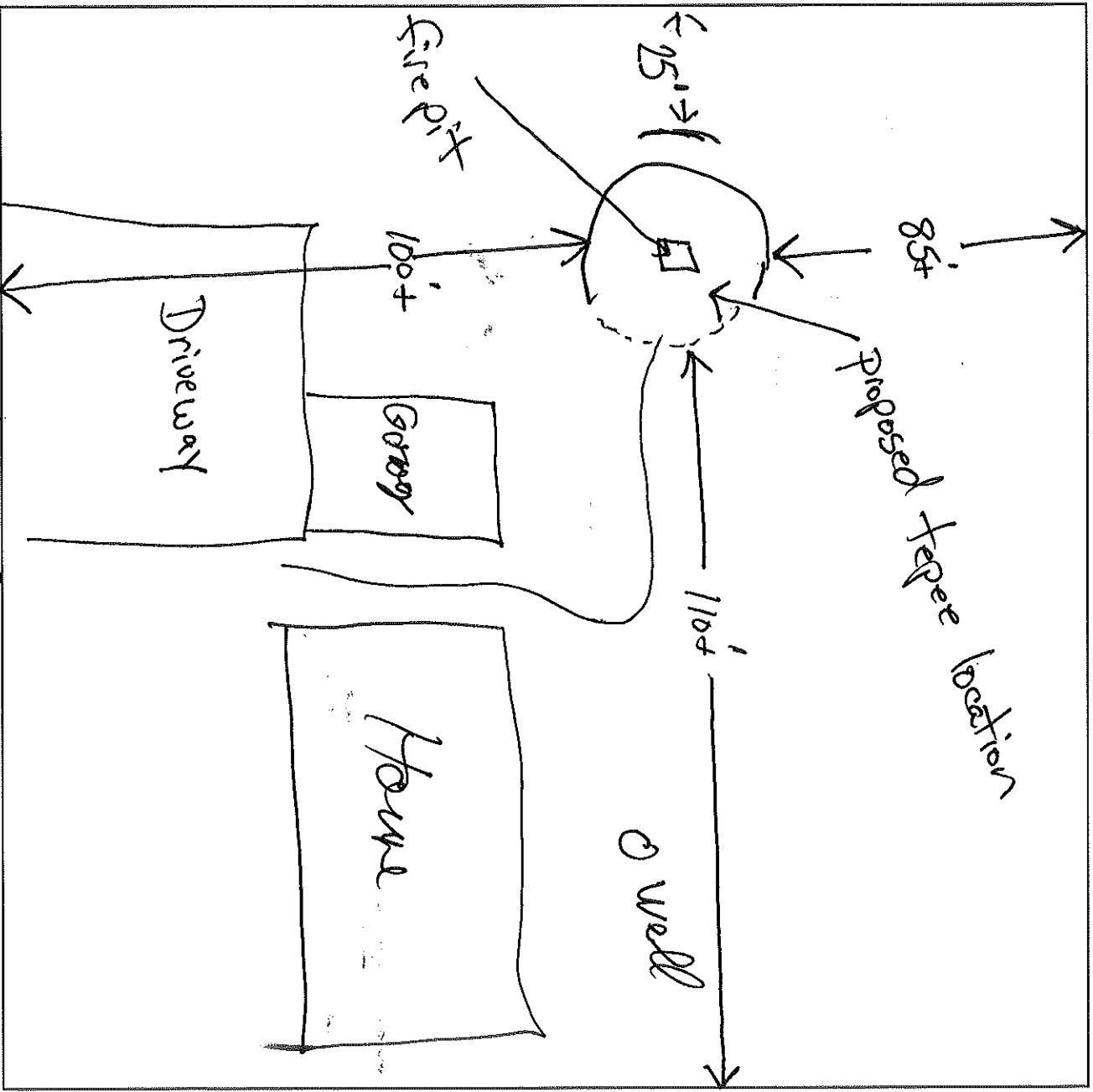
Condition: _____

Signed Michael Furtak 8-4-08
Inspector Rec'D before Approval Co

AUG 06 2008

Secretarial Staff

Lot Line



Name of Frontage Road (Randolph)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

ENTERED

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BAYFIELD COUNTY, WISCONSIN

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Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
AUG 04 2008
Bayfield Co. Zoning Dept.

Application No: 08-0406
Date: _____
Zoning District: RRB
Amount Paid: \$1050.00 ROS
8/14/08

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 SW 1/4 of NE 1/4 of Section 20 Township 43 North, Range 7 West, Town of CABLE
Gov't Lot 3 Block _____ Subdivision _____ CSM # 1095 Acreage 10.243
Volume 827 Page 57 of Deeds Parcel I.D. # 04-012-2-43-07-20-1-03-Use Tax Statement for Legal Description
Property Owner Jerome Farman Contractor CBS CONST. (Phone) 715-634-3300
Address of Property 14791 McNaught RD., CABLE, WI. 54821 Plumber ANDREW KASLUSSKI & SONS
Authorized Agent, DENNIS (Phone) 715-798-3355
Telephone 715-798-5010 (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 1
Estimated Cost of Construction 350,000 Square Footage 1382 Sanitary: New Existing _____ Privy _____ City _____
USE:
 * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
 * Residence wideck-porch (# of bedrooms) 3
Residence sq. ft. 2382 Porch sq. ft. _____
Deck sq. ft. 580 Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. 728
 Residential Addition / Alteration (explain) _____
 Residential 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) Jerome Farman Date 7-21-08
Address to send permit CBS Const 12500 Mosquito Brook RD, Hayward WI, 54843 Copy of Tax Statement ATTACH
* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number 08-38S Date 5-19-08
Date 8/18/08 Permit Number 08-0406 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations. By M. Furtak Date of Inspection 8-7-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed Michael Furtak Inspector Date of Approval 8-8-08
Rec'd for Issuance _____

McNaught Road

