

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
MAY 07 2009
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

Use Tax Statement for Legal Description

Legal Description SE 1/4 of SE 1/4 of Section 29 Township 43 North, Range 7 West, Town of Coble
Gov't Lot Lot Block Subdivision CSM # Acreage 40

Volume 905 Page 27 of Deeds Parcel I.D. 04-012-2-43-07-29-404-000-10000

Property Owner Don Ludzack

Contractor Owner (Phone) (952) 445-2780

Address of Property XXX Timber Trail

Plumber N/A

Telephone (952) 445-2780 (Home) (Work)

Authorized Agent (Phone)

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

Written Authorization Attached: Yes No

Structure: New Addition Existing

Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value \$10,000 Square Footage 528 sq ft

Basement: Yes No Number of Stories 1

USE: * Residence or Principal Structure (# of bedrooms) 384 sq + 144 sq

Sanitary: New Existing Privy City

* Residence w/attached garage (# of bedrooms)

Type of Septic/Sanitary System Privy

* Residence w/attached garage (# of bedrooms)

Mobile Home (manufactured date)

* Residence wideck-porch (# of bedrooms)

Commercial Principal Building

Residence sq. ft. 334 Covered porch sq. ft. 144

Commercial Principal Building Addition (explain)

Deck sq. ft. 0 Deck(2) sq. ft. 0

Commercial Accessory Building (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) Heating N/e

Commercial 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) Don Ludzack Date 5-7-09

Address to send permit 13485 Skyline Circle Skapego Mn. 55379 ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: 6/12/09 Permit Number 09-0213 Permit Denied (Date)

State Sanitary Number Per MF - Existing Privy Date

Reason for Denial:

Inspection Record: Well stacked Property Units per owners representations

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

Condition: No plumbing fixtures in structure.

Signed Michael Futch Date of Approval 5-1-09

Inspector Rec'd for Issuance

JUN 12 2009

Secretarial Staff

N.

1/4 mile

2" Post

(Property is Gated Contact
owner to view Site)

1/4 mile

1/4 mile

(27' Privy
To Cabin)

Privy

Cabin

85'

80'

260'

1/4 mile

Bl. 1/4 mile

