

FIRE # 45630

Reconnect \$50 TBA \$175



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**

Application No: 09-0228

Date: _____

Zoning District: A-1, Class 3

Amount Paid: \$495

\$175 TBA 5/15

RECEIVED

MAY 08 2009

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.

(see reconect attachd bso)

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER 5/15

Legal Description NW 1/4 of NE 1/4 of Section 6 Township 43N North, Range 7 West, Town of CABLE

Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 425 Page 200 of Deeds Parcel I.D. # 04-082-2-43-09-06-1-02-000-10000

Property Owner PATRICK KAISER Contractor CBS CONST. (Phone) 715-634-3300

Address of Property 45630 BLUE MOON RD. Plumber _____

DRAMMOND, WI 54832 Authorized Agent: KURT PROCTOR (Phone) 715-634-3300

Telephone 715-558-6742 (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 165,000 Square Footage 1124 Sanitary: New Existing City Privy

USE: * Residence or Principal Structure (# of bedrooms) _____ 1016 Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) 2 Commercial Principal Building Addition (explain) _____

Residence sq. ft. 1124 Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. 692 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 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) Patrick Kaiser Date 5-4-09

Address to send permit CBS CONSTRUCTION 12520N WISCONSIN BROOK RD. ATTACH _____ Copy of Tax Statement

HAYWARD, WI 54843 Attach a Copy of Recorded Deed _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: #82-5155 State Sanitary Number 20916 Date 5/26/02

Date 6/18/09 Permit Number 09-0228 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Previous home burned down. Metals all rotted. Property lines per owners representations. By M. Furtak Date of Inspection 5-8-09

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

Condition: _____

Signed Michael Furtak Date of Approval 5-11-09

Inspected for Issuance _____

JUN 18, 2009

Secretarial Staff

