

\$75

ENTERED

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

AUG 28 2009

Application No. 09-0396  
Date: \_\_\_\_\_  
Zoning District RRB  
Amount Paid: 75-8/28/09

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 1/4 of Section 23 Township 43 North, Range 7 West, Town of Cable  
Gov't Lot 8 Lot 8 Block \_\_\_\_\_ Acreage .96

Volume 919 Page 621 of Deeds Parcel I.D. 04-012-2-43-07-23-4 00-295-08000

Property Owner Charles & Deborah Richards Contractor Benji Ace (Phone) 798-3457

Address of Property XXX Beech Ct Plumber Nor-Pines Plumbing

Cable, WI 54821 Authorized Agent Benji Ace (Phone) 798-3457

Telephone 646-4821 (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   
Fair Market Value \$15,000 Square Footage 1200 ft Number of Stories 1

USE:  \* Residence or Principal Structure (# of bedrooms) 30' x 40' City \_\_\_\_\_  
 \* Residence sq. ft. \_\_\_\_\_ Existing \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_

Residential Accessory Building (explain) garage

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Commercial Principal Building \_\_\_\_\_

Commercial Principal Building Addition (explain) \_\_\_\_\_

Commercial Accessory Building (explain) \_\_\_\_\_

Commercial Accessory Building Addition (explain) \_\_\_\_\_

Commercial Other (explain) \_\_\_\_\_

Special/Conditional Use (explain) \_\_\_\_\_

External Improvements to Principal Building (explain) \_\_\_\_\_

External Improvements to Accessory Building (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) \_\_\_\_\_ Date 8-27-09

Address to send permit 42235 N. Silver Birch Dr., Cable, WI 54821

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 9-4-09 Permit Number 09-0396 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Well staked. Metcalf attacks. Property limits per owners' representations. By M. Futch Date of inspection 9-3-09

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

Condition: Not to be used for human habitation.

Signed Michael Futch Inspector Date of Approval 9-4-09

Copy of Tax Statement or  Attach a Copy of Recorded Deed

ATTACH

