

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
 OCT 19 2009

ENTERED

Application No.: 09-0581
 Date: _____
 Zoning District: A-1
 Amount Paid: _____

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

part of Legal Description NE 1/4 of NW 1/4 of Section 24 Township 43 North, Range 8 West, Town of Cable
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____
 CSM # _____ Acreage 35

Volume 773 Page 45 of Deeds Parcel I.D. 04-012-2-43-08-24-2 01-000-10000

Property Owner Mark & Kathy Rasmussen Contractor self (Phone) _____

Address of Property Cable, WI 54821 Plumber _____ (Phone) _____

Telephone 798-3651 (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 _____ Square Footage _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 Type of Septic/Sanitary System Centu

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) _____

Residential Accessory Building Addition (explain) _____

Residential 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) Kathleen Rasmussen Date 10-15-09

Address to send permit 42660 Cable Sunset Rd, Cable, WI 54821 ATTACH _____
 Copy of Tax Statement or _____
 (If you recently 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 12/23/09 Permit Number 09-0581 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structures are existing.
 By M. Funtak Date of Inspection 10-16-09

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

Condition: See TBA & affidavit. (No conditions placed.)

Signed Michael Funtak Date of Approval 10-17-09
 Inspector _____

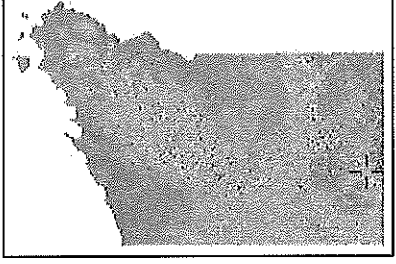
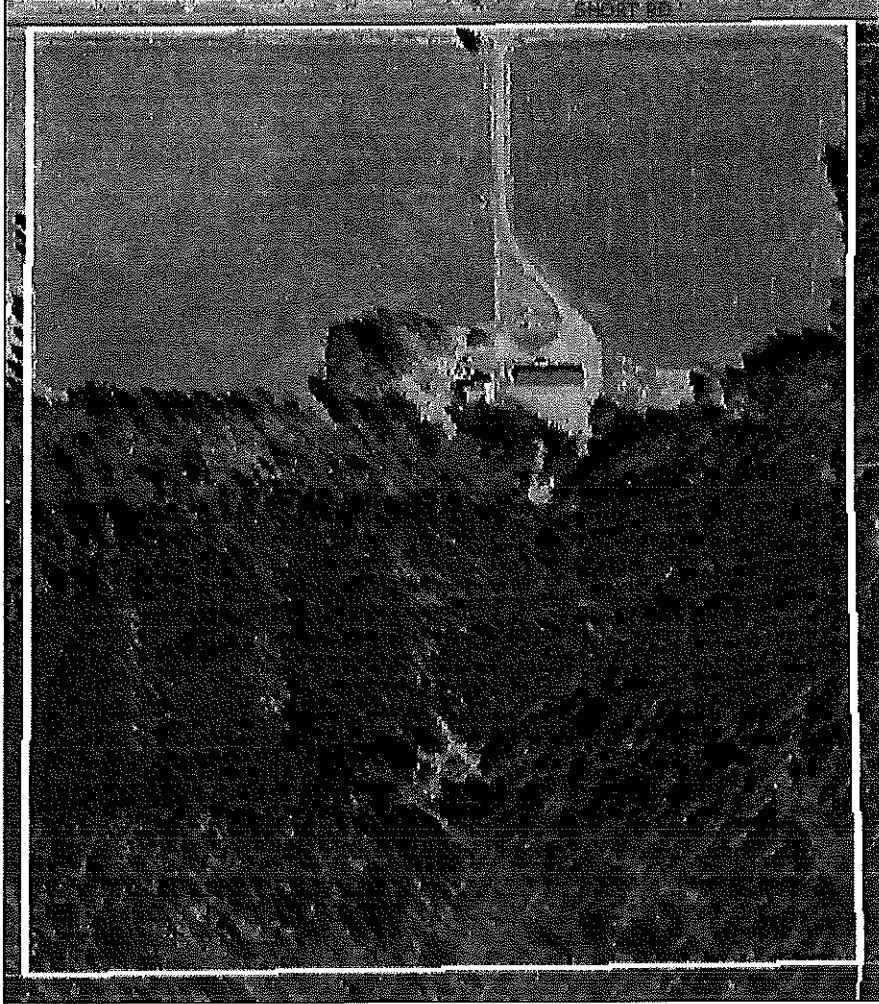
RECEIVED

DEC 23 2009

to issue

SEEN BY ZONING

Rasmussen Aerial Map



BAYFIELD COUNTY

0 0.02 0.04 mi



<http://www.bayfieldcounty.org/cgi-bin/mapserv.exe?imgxy=249.5+219&imgbox=-1+-1+...> 10/19/2009