

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

JUN 07 2010

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

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

Application No.: 10-0192
Date: _____
Zoning District: R-1, Class 3
Amount Paid: \$100
6-7-10/mg

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 _____ 1/4 of Section 8 Township 43 North, Range 7 West, Town of Cable
part of Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume 542 Page 143 of Deeds Parcel I.D. 04-02-2-43-07-08-3 05-002-20000

Property Owner Tom Flesch - Flesch Family LLC Contractor Paul Gilbert (Phone) 798-3218

Address of Property 44345 Perry Lake Rd Plumber _____
Cable, WI 54821 Authorized Agent Paul Gilbert (Phone) 798-3218
(614) 734-6217 cell (Home) 614-975-5700 (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 \$5,000 Square Footage _____
USE: Stairway 4' x 16' = 64

* Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
check 367

* 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) Stairway to lake/deck

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): Paul J. Gilbert Date 6-3-10

Address to send permit 42960 Kavanaugh 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 6/21/10 Permit Number 10-0192 Permit Denied (Date) _____

Reason for Denial: _____

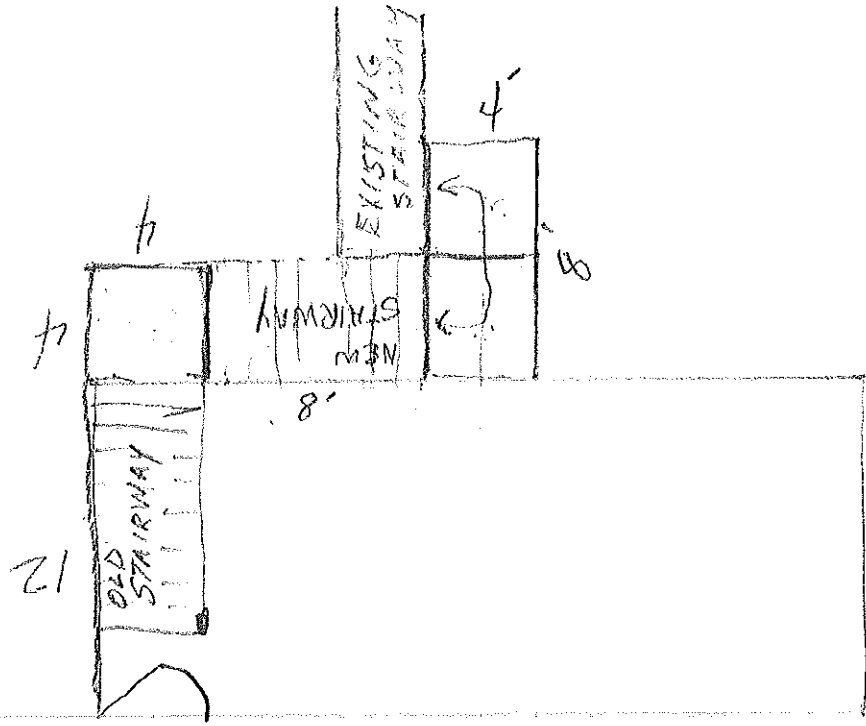
Inspection Record: Meets all setbacks. Property lines per agents' representations. By M. Fustak Date of Inspection 6-3-10

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

Signed Michael Fustak Inspector Date of Approval 6-7-10
Rec'd for Issuance
JUN 21 2010

Staff

FLESC#



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