

Not Entered

\$125

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

JUL 07 2010

Application No: 10-0221  
 Date: \_\_\_\_\_  
 Zoning District: C  
 Amount Paid: \$125 7/7/10 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 Section 18 Township 43 North, Range 7 West, Town of Cable

Gov'l Lot 6 Block 7 Subdivision Assessors Plat #2 Acreage .7

Volume 894 Page 267 of Deeds Parcel I.D. 04-012-2-43-07-18-2 00-116-03500

Property Owner Mark Kruto - Pat-Mar Enterprises of Cable LLC Contractor Mark Kruto (Phone) 798-3444

Address of Property 13300 City Hwy M Cable, WI 54821 Plumber \_\_\_\_\_

Telephone 798-3444 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_ Written Authorization Attached: Yes  No

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

Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No  Number of Stories \_\_\_\_\_

Fair Market Value \$5,900 Square Footage 1307 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City

USE: \_\_\_\_\_ Type of Septic/Sanitary System \_\_\_\_\_

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_

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) \_\_\_\_\_

Commercial Principal Building Addition (explain) golfing

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 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) Mark C. Kruto Date 7-1-10

Address to send permit 14907 Resort Rd., Cable, WI 54821 Copy of Tax Statement or  ATTACH (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 7/12/10 Permit Number 10-0221 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structure is existing. Must be all required setbacks.

By M. Fustak Date of Inspection 7-9-10

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

Condition: \_\_\_\_\_

Signed Michael Fustak 7-12-10 Date of Approval \_\_\_\_\_

Inspector \_\_\_\_\_ Rec'd for Issuance \_\_\_\_\_

Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

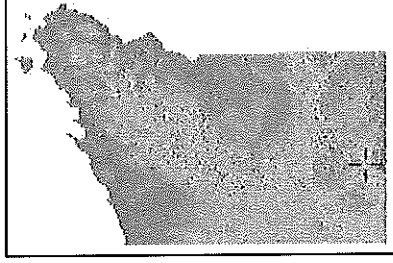
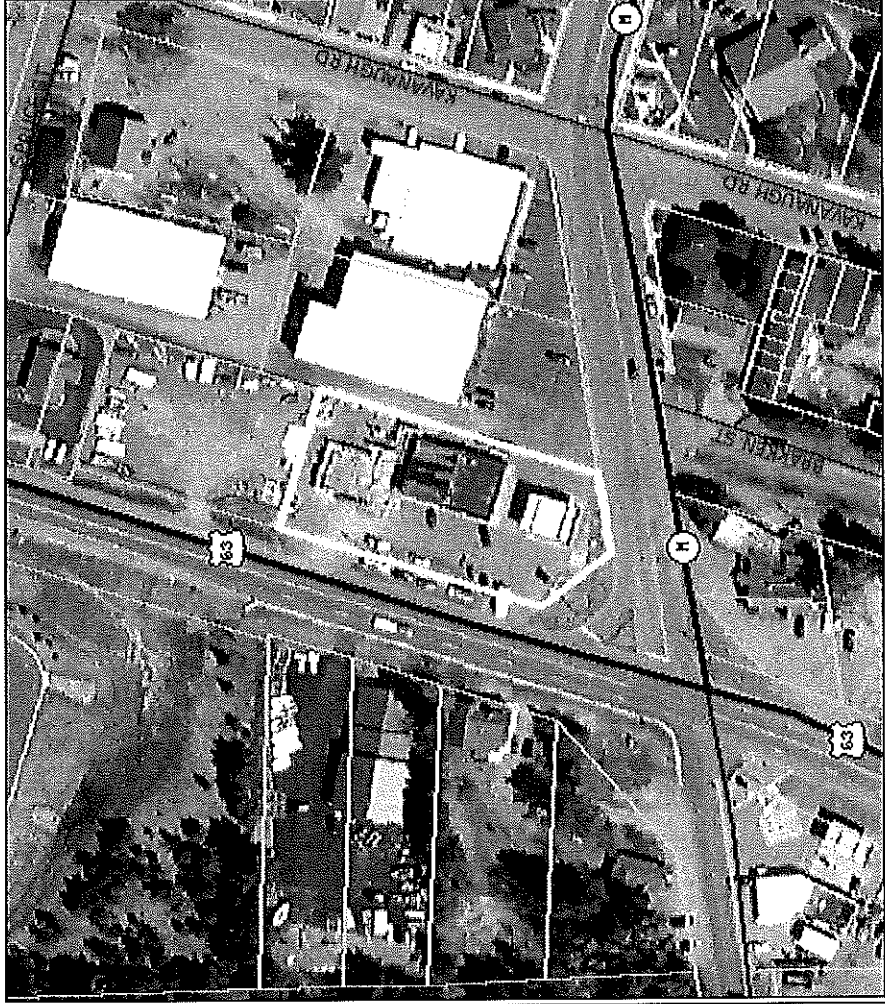
Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

JUL 12, 2010

Secretarial Staff

**Pat-Mar Enterprises Aerial Map**



0 0.01 0.02 mi