

ENTERED

\$550 + \$50

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

APR 14 2010

Application No.: 10-0287
 Date: _____
 Zoning District: RRB, R1
 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

Legal Description SW 1/4 of SW 1/4 of Section 18 Township 43 North, Range 7 West, Town of Cable
 Gov't Lot 1 Block 14 Subdivision Assessor's Plat 1293 CSM# 1293 Acreage 2.003
 Volume 995 Page 222 of Deeds Parcel I.D. 04-012-2-43-07-18-2 00-116-10100

Property Owner Melissa Tuck Contractor self (Phone) _____
 Address of Property 43115 US Hwy 63 Plumber _____
Cable, WI 54821 Authorized Agent _____ (Phone) _____
 Telephone 798-3458 (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) _____
- 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 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) * Melissa Tuck Date 4/8/10
 Address to send permit P.O. Box 88 Cable, WI 54821

* See Notice on Back
 APPLICANT -- PLEASE COMPLETE REVERSE SIDE
 ATTACH
 Copy of Tax Statement or
 (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 8/19/10 Permit Number 10-0287 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure is existing. Property lines per owners
representations By M. Furtak Date of inspection 4-29-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: see ZC mtg minutes and affidavit
No add'l conditions were placed x the Z.C.
 Signed Michael Furtak Date of Approval 4-30-10
 Inspector _____

SENT TO ZONING

