

\$750.6

RECEIVED

PERMIT 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
 SEP 02 2009
 Bayfield Co. Zoning Dept.

Application No.: 10-0356
 Date: _____
 Zoning District: RRB
 Amount Paid: \$750.00 RRS
10/22/09

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 23 1/4 of Section 43 Township North Range West Town of Cable
Southridge Add. to Wilder River CSM # 1.05

Gov't Lot 56 Block _____ Parcel I.D. 04-012-2-43-07-23-3 00-285-56000

Volume 1023 Page 485 of Deeds
 Property Owner Ken Dumant Contractor self (Phone) _____

Address of Property XXX Frels Rd Plumber _____
Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 798-3102 (Home) 671-3102 (Work) _____
 Written Authorization Attached: Yes No

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 \$7500 Square Footage 1400 7
 Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) garage 28' x 50'
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

* Mobile Home (manufactured date) _____
 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 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) Kenneth R. DeMoy Date 8-27-09

Address to send permit 17240 Silver Birch Dr., Cable, WI 54821 ATACH on file

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9/9/10 Permit Number 10-0356 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Meets all setback. Property lines per our representations
 By M. Fritak Date of Inspection 8-31-10

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

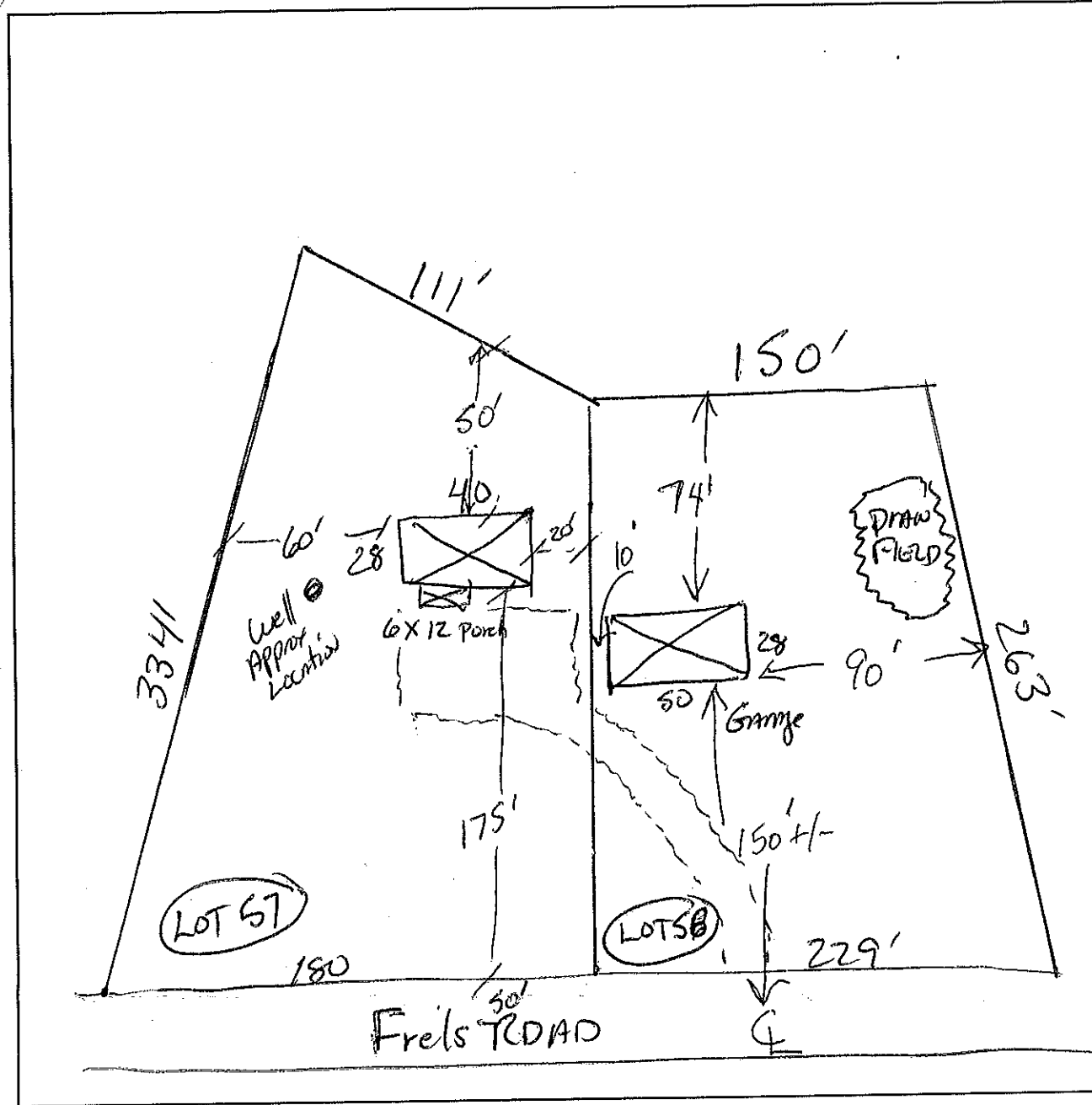
Condition: Not to be used for human habitation. No water under pressure in structure.

Signed Michael Fritak Inspector
 Date of Approval 9-1-10

Tax Stmt = different owner. dead ok

09-0377

Lot Line



Name of Frontage Road (Frels Rd)