

\$175

6



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED

SEP 09 2010

Application No.: 10-0372
Date: _____
Zoning District: F-1, Class 3
Amount Paid: 175 9/19/10
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 SPECIAL USE OTHER
Use Tax Statement for Legal Description

(Cable Lake Rd)
B.O.A.

Legal Description: SW 1/4 of NW 1/2 of Section 12 Township 43 North, Range 8 West, Town of Cable
Gov't Lot 6 Lot 394 Block Subdivision
Volume 285 Page 479 of Deeds Parcel I.D. 04-012-2-43-08-12-1 05-006-6000
Acreage 5.0+5.0+4.0

Property Owner: Peter 798 Recher, Sarah Binford
Contractor: Mark Rosmusser (Phone) 798-3651
Plumber _____

Address of Property: Cable WI 54821
Authorized Agent: Mark Rosmusser (Phone) 798-3651

Telephone: _____ (Home) _____ (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: \$3,000 Square Footage: 40,000 sq ft
Basement: Yes No Number of Stories: _____
Sanitary: New Existing Privy City _____

USE: 16' x 4,000'
 * Residence or Principal Structure (# of bedrooms) _____
Type of Septic/Sanitary System _____
 Mobile Home (manufactured date) _____

Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Commercial Principal Building _____
Residence sq. ft. _____ Porch sq. ft. _____
 Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Commercial Accessory Building (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Commercial Accessory Building Addition (explain) _____

Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Special/Conditional Use (explain) Shoreland Grading
 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): [Signature] Date: 9-10-10

Address to send permit: 42600 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: 9/20/10 Permit Number: 10-0372 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Creation (enlargement) of an existing trail to a cabin and the creation of a walking trail between and around 2 lobes. (cl953)
By: M. Funtak Date of Inspection: 9-10-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: Must use best management practices to prevent erosion and for siltation of the lakes or adjacent wetlands.
Signed: Michael Funtak 9-16-10
Inspector _____

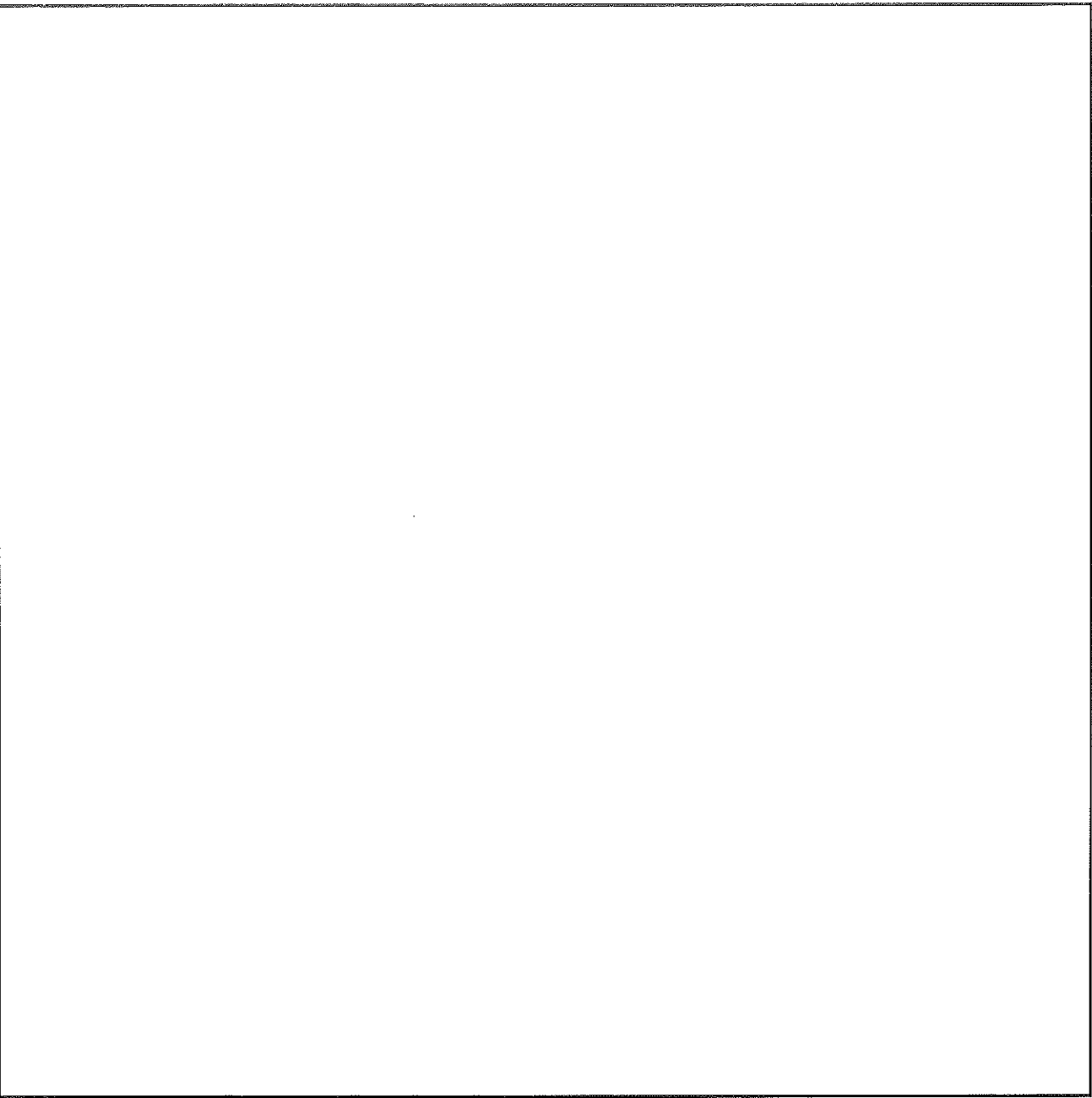
Date of Approval

Rec'd for Issuance

SEP 20 2010

Secretarial Staff

Lot Line



Name of Frontage Road (_____)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage. **IMPORTANT**
4. Show the location of the well, holding tank, septic tank and drain field. **DETAILED PLOT PLAN**
5. Show the location of any lake, river, stream or pond if applicable. **IS NECESSARY, FOLLOW**
6. Show the location of other existing structures. **STEPS 1-8 (a-o) COMPLETELY.**
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.