

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 01 2011

Application No.: 11-0212  
 Date: 7-8-11  
 Zoning District: RRB, Class 1  
 Amount Paid: \$100.00 cash  
7/5/11

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.  
 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 5 Township 43 North, Range 7 West, Town of Cable  
 Gov't Lot \_\_\_\_\_ Lot 2 Subdivision fine cap 01 Norway Lodge CSM # 040 Acreage 7.26123ac  
 Volume 941 Page 842 of Deeds Parcel I.D. 04-012-2-43-07-05-1 00-628-2000

Property Owner Norway Lodge - Condo The Kingsley SELF (Phone) \_\_\_\_\_  
 Address of Property 14560 Resort Rd Washburn, WI (Phone) \_\_\_\_\_  
Cable, WI 54821

Telephone 715 580-0045 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 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 \$ 500 Square Footage 40 sq'  
 Sanitary: New  Existing  Number of Stories \_\_\_\_\_  
 City \_\_\_\_\_

USE:  Residential or Principal Structure (# of bedrooms) 4'x10'  
 Type of Septic/Sanitary System Conu

Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  
 External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Other (explain) walkway to lake  
 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 6-23-11

Address to send permit P.O. Box 358, 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 \_\_\_\_\_  
 Permit Number 11-0212 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Meets all Ordinance requirements, Stairways are existing  
 By W. Furdak Date of Inspection 6-30-11

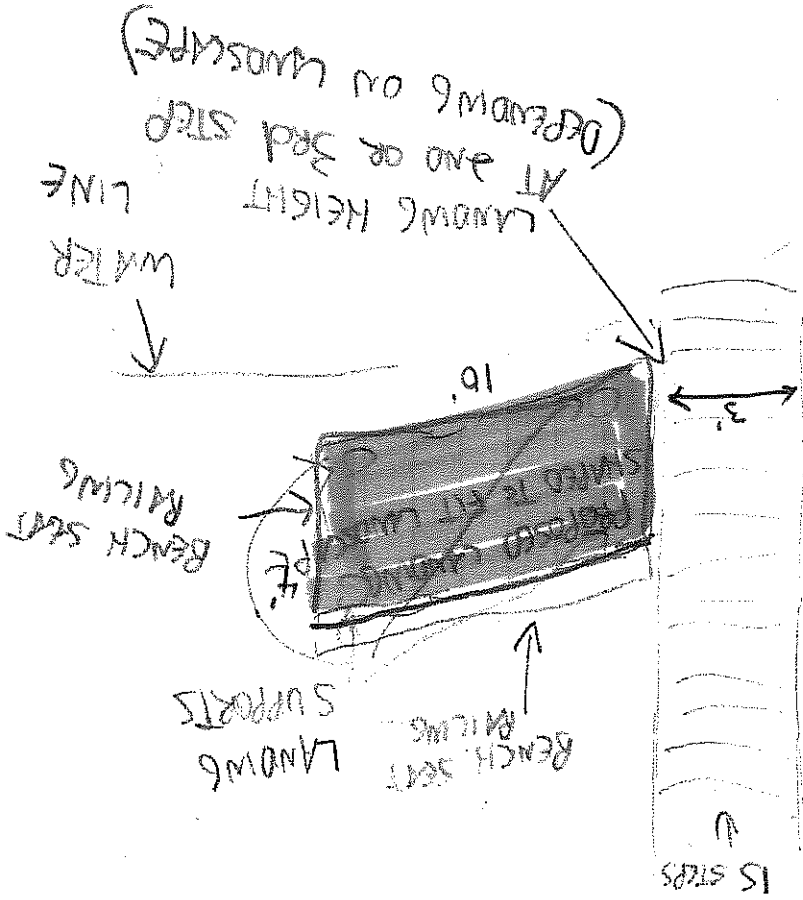
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Must use best management practices to prevent erosion of the shoreline or siltation of the lake.

Signed [Signature] Date of Approval 7-1-11  
 Inspector \_\_\_\_\_



TOP VIEW

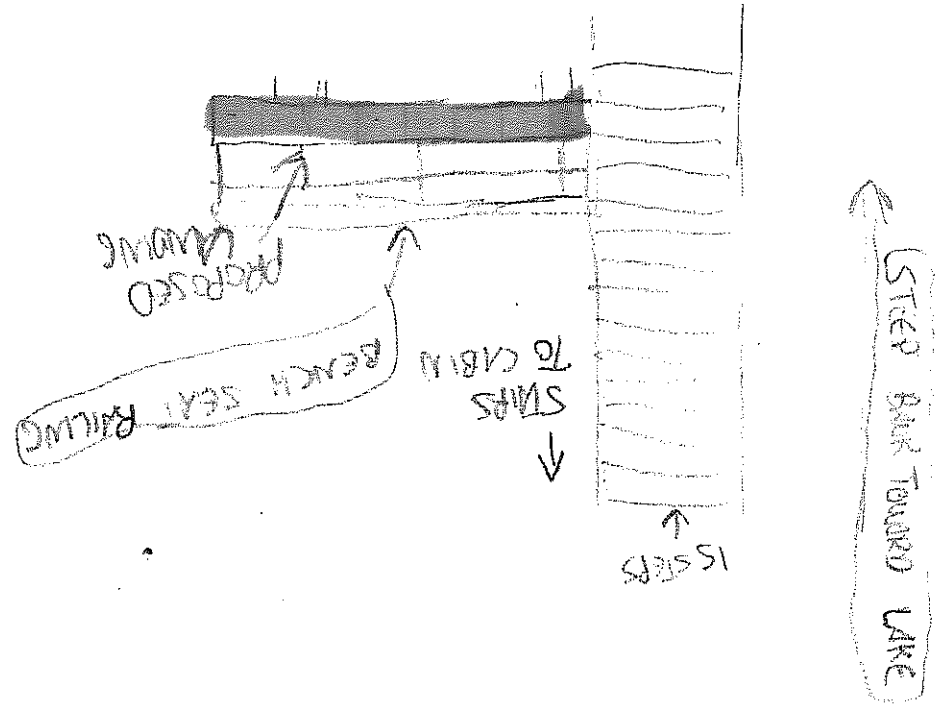
PREPARED BY BIRDS EYE BUILDING PROJECTS  
AL GILBERTS  
5550 RUST AVE 143  
DUMMANS, WI 54837  
ANY QUESTIONS PLEASE CALL 715-582-4836



CABIN 1 (PANE)

FRONT VIEW

PROPOSED LANDING FOR STAIRWAY FROM CABIN 1 LOCATED AT LAKE OWEN RESORT  
LANDING WILL BE SHIPPED TO FIT MANUSCRIPT  
WILL NOT EXCEED 40 FEET



6-27-2011