

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

Class A

\$175

RECEIVED  
 JUL 25 2011

Application No.: 11-0877  
 Date: 8/16/2011  
 Zoning District: RPB, Class A  
 Amount Paid: \$175.00  
 8/8/11

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 \_\_\_\_\_ 1/4 of Section 3 Township 43 North Range 7 West Town O. Cable  
 Gov't Lot 4 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ V.4, P.19 CSM # 523 Acreage 1.6

Volume 1061 Page 301 of Deeds Parcel ID 04-012-2-43-07-03-2 05-004--07000  
 Property Owner Jeff Peterson North Country Vacation Rentals (Phone) 739-6645  
 Contractor \_\_\_\_\_

Address of Property Cable, WI. 54821 Plumber \_\_\_\_\_  
45920 S. Lake Oden Drive  
 Telephone 718 229-3677 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Authorized Agent Grady Mauthney (Phone) 739-6645  
 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  Basement: Yes  No  Walkout \_\_\_\_\_ Number of Stories 2  
 Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
 USE: \_\_\_\_\_ Type of Septic/Sanitary System Con

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_ Commercial Accessory Building (explain) \_\_\_\_\_
- \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ Commercial Accessory Building Addition (explain) \_\_\_\_\_
- Residential Addition / Alteration (explain) \_\_\_\_\_  
 Commercial Other (explain) Short-term rental
- Residential Accessory Building (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) rental
- Residential Accessory Building Addition (explain) \_\_\_\_\_  
 External Improvements to Principal Building (explain) \_\_\_\_\_
- Residential Other (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 7-19-11

Address to send permit 52150 D. Ave Box 130 Duwamish, WI. 54832 Date 7-19-11

\* See Notice on Back  
 ATTACH 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 06-2435 Date 10-25-06  
 Date 8/16/2011 Permit Number 11-0877 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structures are waiting By M. Fuchs Date of Inspection 8-4-11  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: See TBA

Rec'd for Issuance AMS 10 2011 Signed Michael Trubab 8-15-11  
 Secretarial Staff Jeff Peterson Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

### Peterson Aerial Map

