

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 RECEIVED BY SWITCZEN
 JUN 25 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0017
 Date: 7-3-12
 Amount Paid: \$75.00 PDS
 Refund: 6/25/12

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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Ron & Kathy Raymond
 Address of Property: 4380 2nd Avenue, Cable
 City/State/Zip: 9951074 Ave Robertsville 9954023
 Mailing Address: 9951074 Ave Robertsville 9954023
 City/State/Zip: 9951074 Ave Robertsville 9954023
 Telephone: _____
 Cell Phone: _____
 Contractor: Ferry Tansey
 Contractor Phone: 5585874
 Plumber: _____
 Plumber Phone: _____
 Authorized Agent: (Person Signing Application on Behalf of Owner(s))
 Agent Name: _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): 9951074 Ave Robertsville 9954023
 City/State/Zip: 9951074 Ave Robertsville 9954023
 Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4, _____ 1/4
 Legal Description: (Use Tax Statement)
 Section 18, Township 43 N, Range 7 W
 Town of CABLE
 PIN: (23 digits) 012443071830017829000
 CSM 314 Vol & Page 4
 Lot(s) No. 4 Block(s) No. _____
 Subdivision: Goff's Addition
 Volume 1076 Page(s) 633
 Lot Size _____ Acreage .160

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion *Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>5,000.00</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 38' Width: 30' Height: 14'
 Proposed Construction: Length: 14' Width: 10' Height: 10'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>10 x 14</u>)	<u>740</u>
	Residence (i.e. cabin, hunting shack, etc.)	(_____)	(_____)
	with Loft	(_____)	(_____)
	with a Porch	(_____)	(_____)
	with (2 nd) Porch	(_____)	(_____)
	with a Deck	(_____)	(_____)
	with (2 nd) Deck	(_____)	(_____)
<input type="checkbox"/> Commercial Use	Burkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(_____)	(_____)
	Mobile Home (manufactured date)	(_____)	(_____)
	Addition/Alteration (specify) <u>ENCLOSURE PATIO</u>	(<u>10 x 14</u>)	<u>140</u>
	Accessory Building (specify) _____	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
	Special Use: (explain) _____	(_____)	(_____)
	Conditional Use: (explain) _____	(_____)	(_____)
	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 for a reasonable time for the purpose of inspection.

Owner(s): Ron & Kathy Raymond
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 6.22.12

Authorized Agent: _____
 Rec'd for Issuance: _____
 Address to send permit: 13488 N Hollywood Ln Hayward WI 54883
 Attach _____
 If you recently purchased the property send your Recorded Deed

