

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**

REGULATIVE
 SEP 06 2009
 Bayfield County Zoning Dept

Application No.: 09-0409
 Date: _____
 Zoning District: R-1
 Amount Paid: 9/14/09 mg \$75

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 Sp/c *Statement for Legal Description*

Legal Description SE 1/4 of SW 1/4 of Section 20 Township 50 North, Range 7 West, Town of Conk

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage fo

Volume _____ Page _____ of Deeds _____ Parcel I.D. 09-014-2-50-01-20-3-04-000-10000

Property Owner Jody Rosenbinder Contractor Northland Building (Phone) _____

Address of Property 1610 Ave 10 Plumber _____ (Phone) _____

Arreston, WI 54844 Authorized Agent _____ (Phone) _____

Telephone 114 3497 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____

Fair Market Value 14500 Square Footage 36' x 54' _____

USE: _____

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____

Residence sq. ft. _____

Deck sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) PAV BUILDING

Residential Accessory Building Addition (explain) _____

Residential 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 at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Judith Rosenbinder Date Sept 9, 2009

Address to send permit 14440 Louise Rd., Arreston, WI. 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 9-14-09 Permit Number 09-0409 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural setbacks/conditions as represented by owner agree to DE CODE 6-14-07

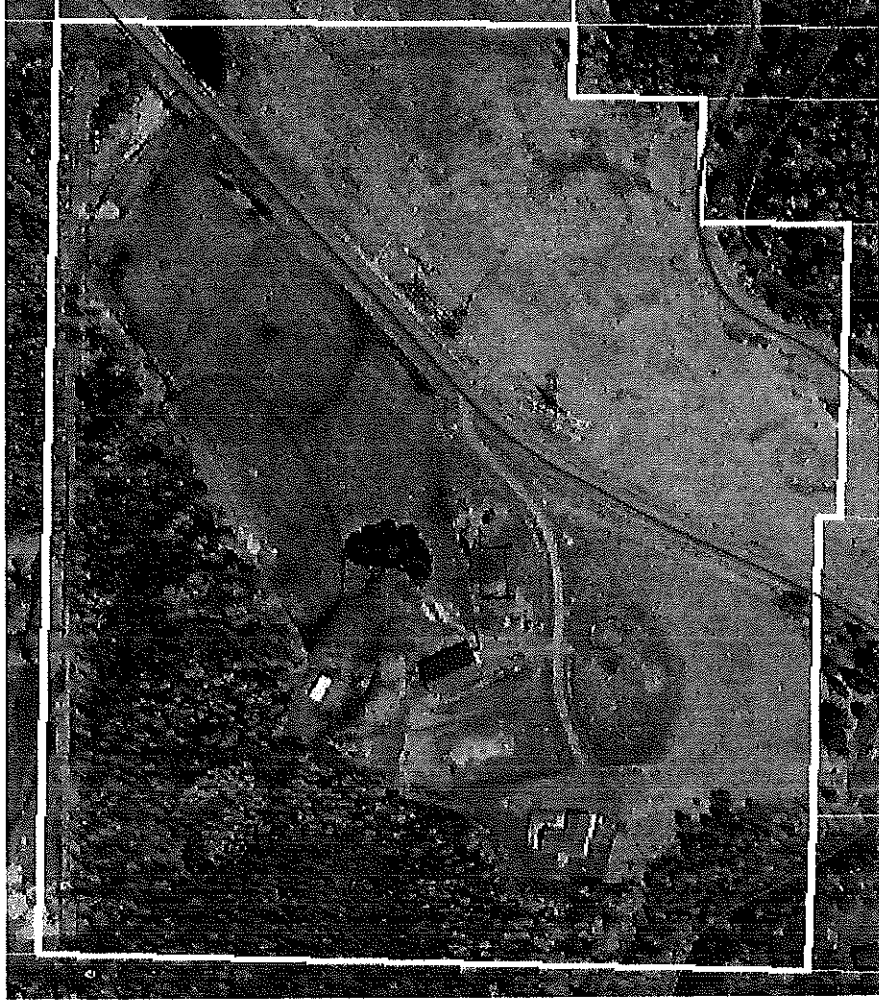
60. Result may be issued By DOC Date of Inspection 9-11-09

Mitigation Plan Required: Yes No Variance Record for issuance

Condition: _____ SEP 2009

Signed [Signature] Inspector _____ Date of Approval 9-11-09

Conk



Platostro outg locations
 > 30' FROM ALL P/C'S

0 0.02 0.04 mi

Query Results

Parcel Owner		Legal Description
MERRILL P AND JUDITH ROSENWINKEL 14440 TOUVE RD HERBSTER WI 54844		SE SW LESS V.222 P.66 & LESS V.226 P.143 & LESS V.232 P.309 & LESS V.232 P.310 & LESS V.277 P.487 & LESS V.296 P.444 & LESS V.296 P.445 &
Location		History
Section 20, Town 50 N, Range 07 W		410-279
New PIN		Old PIN
04-014-2-50-07-20-3 04-000-10000		014105708000
Land Value	Improvement Value	Total Acres
21600.00000	177700.00000	31.42400