

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
 APR 25 2008

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.

5150' of N 305.6' of S1/2 of Lot 6

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
 Legal Description S1/2 1/4 of SE 1/4 of Section 12 Township 44 North, Range 7 West, Town of Orono
 Gov't Lot 6 Lot Block Subdivision CSM # Acreage 3.1

Volume 787 Page 972 of Deeds Parcel I.D. # 018-1007-06 Use Tax Statement for Legal Description

Property Owner Lake Owen V. Lintal Partnership Contractor (Phone)

Address of Property 50155 N. Lake Owen Dr Plumber Recreation Rental Properties

Diamond, WI 54832 Authorized Agent Barb Best (Phone) 794-2622

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 Basement: Yes No Number of Stories

Estimated Cost of Construction Square Footage Sanitary: New Existing Privy City

USE:

- * Residence or Principal Structure (# of bedrooms)
- Residence sq. ft.
- * Residence w/deck-porch (# of bedrooms)
- Residence sq. ft. Porch sq. ft.
- Deck sq. ft. Deck(2) sq. ft.
- * Residence w/attached garage (# of bedrooms)
- Residence sq. ft. Garage sq. ft.
- Residential Addition / Alteration (explain)
- Residential Accessory Building (explain)
- 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) Barbara Best Date 7-17-08

Address to send permit 23255 Missionary Pt. Dr., Cable, WI ATTACH Copy of Tax Statement

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE 54821 If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number Date

Date 5/27/08 Permit Number 08-0180 Permit Denied (Date)

Reason for Denial:

Inspection Record: Structure is existing By M. Fustak Date of Inspection 4-30-08

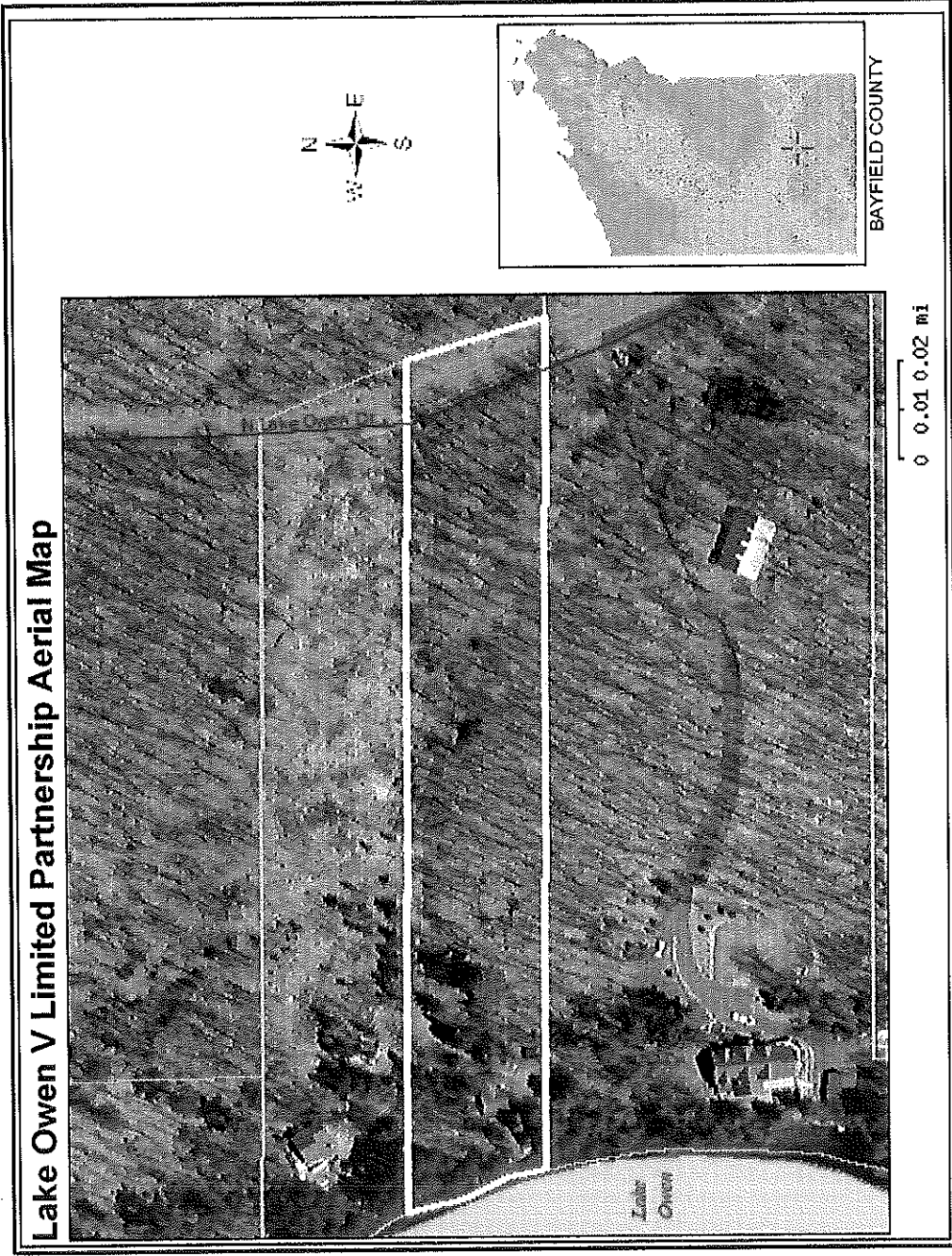
Mitigation Plan Required: Yes No Variance (B.O.A.) #

Condition: Must obtain Health Dept. permit.

Signed Michael Fustak Date of Approval 5-21-08

Inspector

ENTERED



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 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 APR 25 2008
 Bayfield Co. Zoning Dept.

Application No. 08-0181
 Date: _____
 Zoning District R-1, Class 3
 Amount Paid: \$175.00 FDS
4/21/08

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 _____
 Legal Description 1/4 of Section 33 Township 44 North, Range 7 West, Town of Drummond
 Gov't Lot 10 Lot 26 Block _____
Goff's Resubdivision Subdivision # _____ Acreage 3.16
 Volume 979 Page 637 of Deeds Parcel I.D. # 018-1148-08 Use Tax Statement for Legal Description _____
 Property Owner Patricia Stratman Contractor _____ (Phone) 794-2622
 Address of Property 46050 Kraft's Pt Rd Plumber Recreation Rental Properties
Cable WI 54821 Authorized Agent Barb Best (Phone) 794-2622

Telephone _____ (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition _____ Existing _____
 Estimated Cost of Construction _____ Square Footage _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Residence sq. ft. _____
 Deck sq. ft. _____
 Garage sq. ft. _____
 Porch sq. ft. _____
 Basement: Yes _____ No _____
 Number of Stories _____
 Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) Short-term Rental
 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) Patricia Stratman Date 4-17-08

Address to send permit 23255 Missionary Point Drive Chale WI 54821 ATTACH Copy of Tax Statement
 * See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Date 5/27/08 Permit Number 08-0181 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structures are existing. Adequate parking
 By M Fuitok Date of Inspection 4-30-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Must obtain Health Dept. permit. May 21 2008
 Signed Michael Fuitok 4-30-08 Date of Approval _____
 Inspector _____

