

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

MAR 23 2009

Application No.: 09-0058
 Date: _____
 Zoning District: R-1, Class 1
 Amount Paid: \$100 3/26/09
mg

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 Tax Statement for Legal Description

Legal Description SW 1/4 of SE 1/4 of Section 14 Township 44 North, Range 7 West, Town of Drummond
 Gov't Lot 9 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 23.87 approx

Volume 824 Page 762 of Deeds Parcel ID: 04-018-2-44-07-14-3-05-009-10000
 Stellar East Holdings, L.P.
 Property Owner Stellar West Holdings, L.P. Contractor _____ (Phone) _____

Address of Property 48775 S. Lake Owen Drive Plumber _____
Cable, WI 54821 Authorized Agent Stephen G. Schraufnager (Phone) 682-0330

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 _____
 Fair Market Value \$48,000 Square Footage _____ Sanitary: New _____ Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____
 * Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

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

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) Tram to Lake

FAILURE TO OBTAIN A PERMIT OF 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) _____ Date 3-12-09

Address to send permit Stephen Schraufnager, c/o CES Design & Engineering, Inc. 1 ATTACH
803 Lake Shore Dr. W., Ashland, WI 54806 Copy of Tax Statement or

* See Notice on Back P.O. Box 636 APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 3/26/09 Permit Number 09-0058 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Met all requirements.
 By M. Furtak Date of Inspection 3-25-09

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

Condition: Must use best management practices to prevent erosion and siltation of lake.

Signed Michael Furtak 3-25-09
 Inspector _____ Date of Approval _____

Rec'd for Issuance

MAR 26 2009

Secretarial Staff

W.E.
1341.7

PROPERTY ADDRESS







100 E OWEN DRIVE

DESCRIPTION

LOT 9, AND THE WEST 450 FEET OF THE
E 1/4, SECTION 14; AND THE PORTION
OF THE DESCRIBED REAL ESTATE LYING
NORTH OF SOUTH LAKE OWEN ROAD:
EAST 450 FEET OF THE NW 1/4 OF THE NE 1/4,
LOTS 1-4, THE SE 1/4 OF THE NW 1/4,
1/4 OF THE SW 1/4, SECTION 23;
T1P 44 NORTH, RANGE 7 WEST
T120N, R17W, BAYFIELD COUNTY, WISCONSIN

18-2-44-07-14-3 05-009-10000

LEGEND

-  PROPERTY CORNER
-  PROPERTY LINE
-  75' SETBACK LINE FROM WATER
-  EXISTING SHORE LINE
-  TREE LINE
-  EXISTING FUEL TANK

