

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 16 2009
Bayfield Co. County Dept.

Application No.: 09-0059
Date: _____
Zoning District: R-1 Class 1
Amount Paid: \$100-3/17/09
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 1/4 of 1/4 of Section 27 Township 44 North, Range 7 West, Town of Drummond

Gov't Lot 9 & 10 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.5

Volume 709 Page 414 of Deeds Parcel ID: 04-018-2-44-07-27-2 05-010-30000

Property Owner Karen Johnson Boyd Contractor _____ (Phone) _____

Address of Property 47565 S. Lake Owen Dr.

Cable, WI 54821 Authorized Agent S. Schraufnager (Phone) 715-682-0330

Telephone 715-798-3775 (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 Existing _____ Basement: Yes _____ No _____ Number of Stories _____

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

USE: 4x40=160P + 25A landing Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____ 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 details 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 Steve Schraufnager's see card ATTACH _____

P.O. Box 636 Ashland - Copy of Tax Statement or

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed _____

Permit Issued: State Sanitary Number _____ Date _____

Date 3/26/09 Permit Number 09-0059 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Replaces stairway to lake. Date of Inspection 3-25-09

By M. Fustak Variance (B.O.A.) # _____

Mitigation Plan Required: Yes No

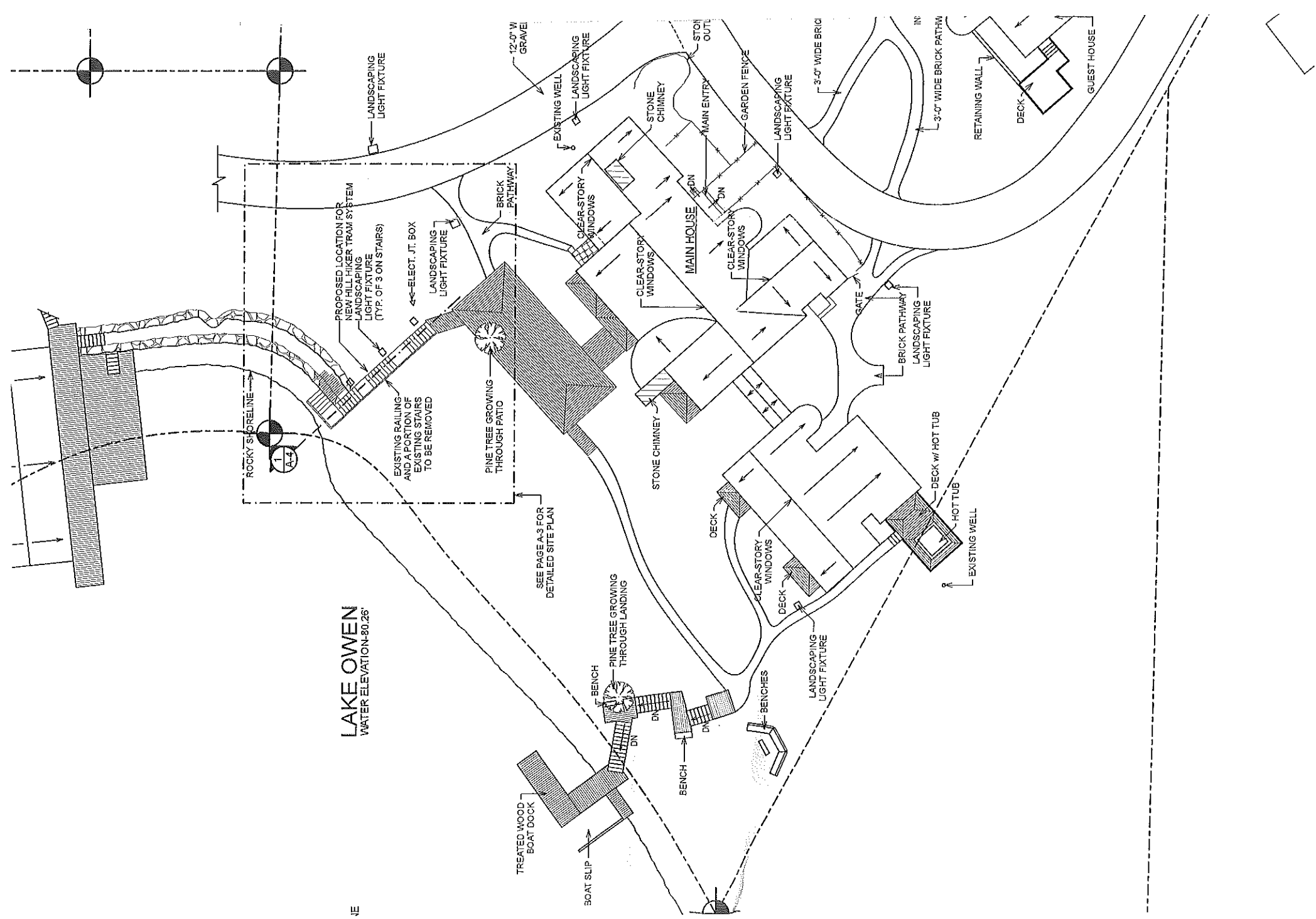
Condition: Must use best management practice and erosion controls to prevent siltation of lake.

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

Rec'd for Issuance

MAR 26, 2009

Secretarial Staff



LAKE OWEN
 WATER ELEVATION-90.26'

JE