

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  
MAY 12 2009

Application No: 09-0171  
Date: \_\_\_\_\_  
Zoning District: R-1, Class 1  
Amount Paid: \$2700.5/12/09  
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

Volume 824 Page 762 of Deeds Parcel I.D. 04-018-2-44-07-14-3 05-009-10000

Property Owner: Stellar East Holdings, L.P.  
Stellar West Holdings, L.P.

Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 48775 South Lake Owen Drive Plumber \_\_\_\_\_  
Cable, WI 54821 Authorized Agent Stephen G. Schraufnagel (Phone) 682-0330

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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   
Fair Market Value \$900,000 Square Footage 6,587

Basement: Yes  No  Number of Stories 2 & Basement  
Sanitary: New  Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) 4  
 Residence sq. ft. 6,587 Porch sq. ft. \_\_\_\_\_  
 Deck sq. ft. 600 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) \_\_\_\_\_
- Commercial Principal Building \_\_\_\_\_
- Commercial Principal Building Addition (explain) \_\_\_\_\_
- Commercial Accessory Building (explain) \_\_\_\_\_
- Commercial Accessory Building Addition (explain) \_\_\_\_\_
- Commercial Other (explain) \_\_\_\_\_
- Special/Conditional Use (explain) \_\_\_\_\_
- 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) [Signature] Date 5-27-09

Address to send permit to C&S per attached ltr. ATTACH \_\_\_\_\_

\* See Notice on Back Copy of Tax Statement or \_\_\_\_\_  
(If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 09-165 Date 5/13/09  
Date 6/2/09 Permit Number 09-0171 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Well staked. Metcalf attached. Property lines per owners/agent's representations. By M. Futek Date of Inspection 5-26-09

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

Condition: \_\_\_\_\_

Signed Mohab Futek

Inspector

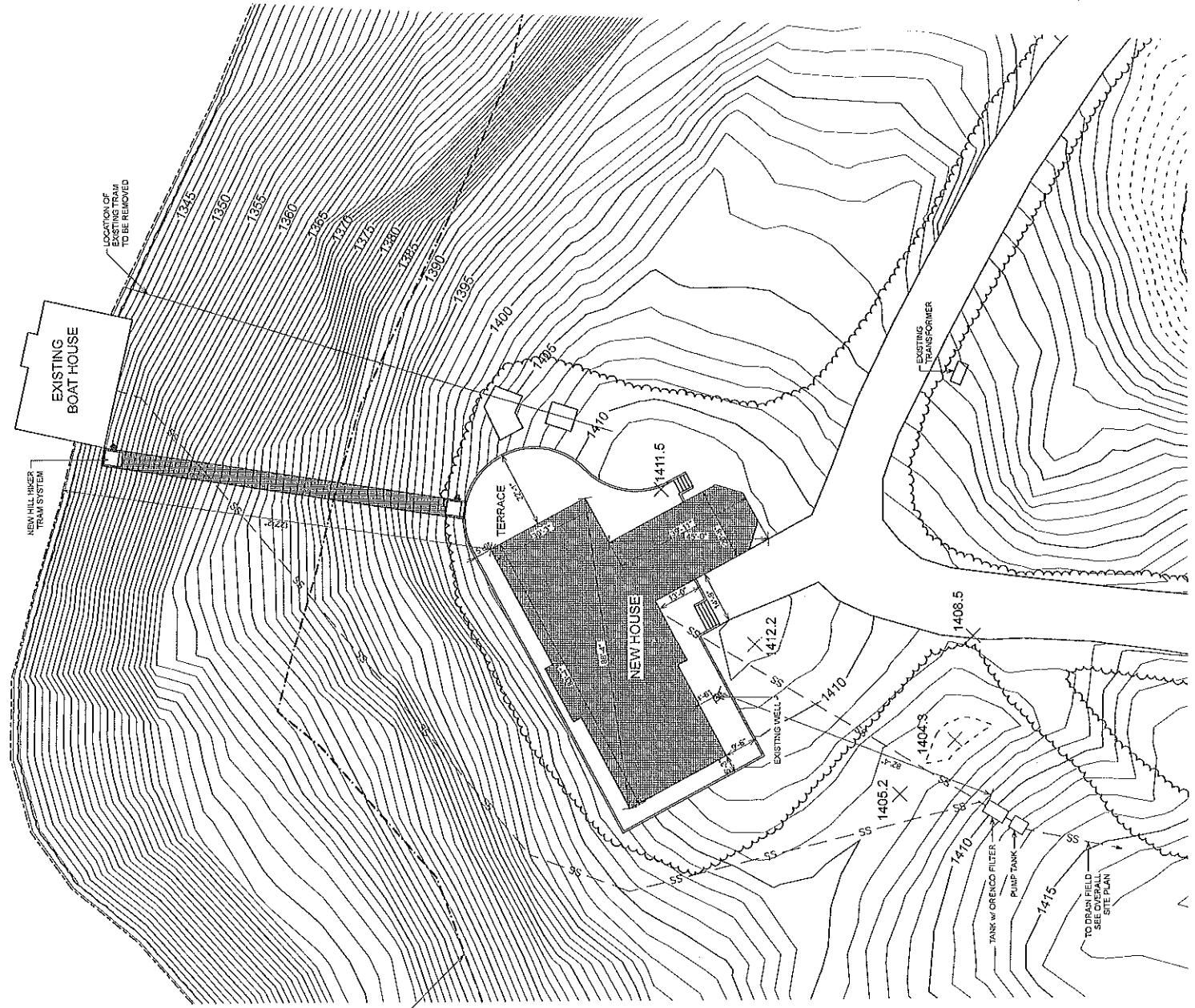
Date of Approval 5-27-09

Rec'd for Issuance

MAY 28 2009

Sanitorial Staff

LAKE OWEN  
W.E.  
1341.7



**RESS**

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ND THE PORTION  
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IF THE NE 1/4,  
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