

ATF

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

D ORIGINAL STATEMENT
partment
54891
73-6138

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 Section 14 Township 44 North, Range 7 West, Town of Drummond

Gov't Lot 9 Lot Block Subdivision Acreage 23.87

Volume 1008 Page 384 of Deeds Parcel I.D. 04-018-2-44-07-14-3 05-009-10000

Property Owner Stellar Holdings E/W LP Contractor Randy Bjork (Phone) 492-3431

Address of Property 48775 S. Lake Owen Dr. Plumber

Cable, WI 54821 Authorized Agent Randy Bjork (Phone) 492-3431

Telephone 715 798 3392 (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 2 + w/o

Fair Market Value \$900,000 Square Footage 6587 sq. ft. Sanitary: New Existing City

USE: * Residence or Principal Structure (# of bedrooms) Type of Septic/Sanitary System Conv w/ilet

* Residence sq. ft. Mobile Home (manufactured date)

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

Residence sq. ft. Porch sq. ft. Commercial Principal Building Addition (explain)

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

* Residence w/attached garage (# of bedrooms) Commercial Accessory Building Addition (explain)

Residence sq. ft. Garage sq. ft. Commercial Other (explain)

Residential Addition / Alteration (explain) Special/Conditional Use (explain) 41' tall structure

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

Residential Accessory Building Addition (explain) External Improvements to Accessory Building (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.

X Owner or Authorized Agent (Signature) Randy Bjork Date 28th APRIL 2010

Address to send permit 42630 U.S. Hwy 63 Cable, WI 54821

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 Date

Date 8/13/10 Permit Number 10-0307 Permit Denied (Date)

Reason for Denial:

Inspection Record: Structure is mostly built (ground roofed), approx. 41' feet high. By M.A. Furtak Date of Inspection 5-11-10

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

Condition: see 2C decision and affidavit.

Signed Michael Furtak Inspector Date of Approval 5-12-10

Rec'd for Issuance

AUG 13 2010

Secretarial Staff

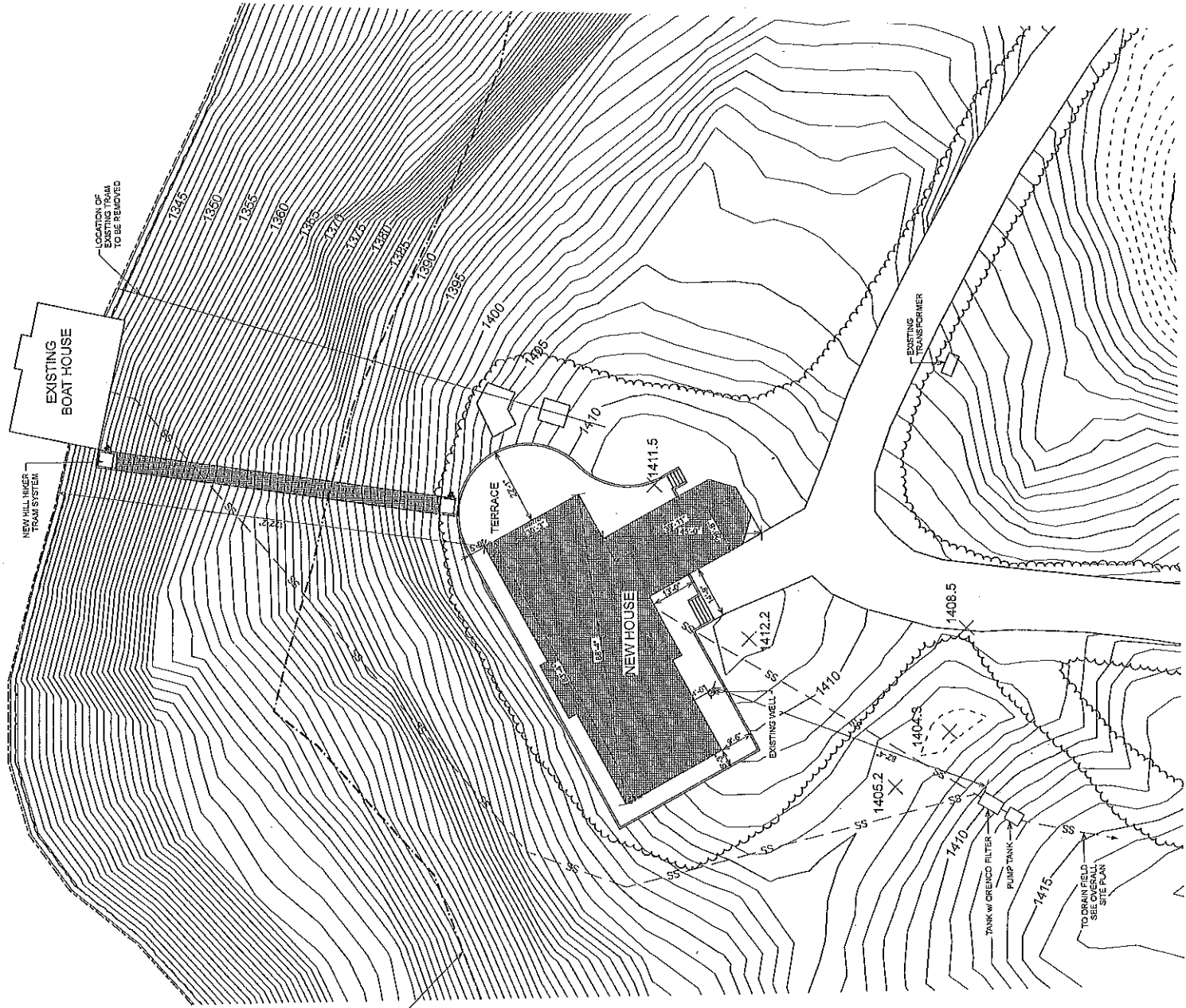
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