

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  
**PERMIT RECEIVED**  
 MAY 11 2011  
 Bayfield Co. Zoning Dept.  
 Bayfield, WI

Application No: 1-0103  
 Date: 5-11-11  
 Zoning District: RRB, Class 1  
 Amount Paid: \$1056.00 PDS  
5/9/11

(\$1,050 Garage)  
 (West Caretaker Garage)  
 AKA Caretaker Garage  
 ENTERED

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 23 1/4 of Section 44 Township 7 North, Range 1747 West, Town of Drummond  
 Gov't Lot 1 Lot 1 Block 1 Subdivision V.10, P.198-99 Acreage 83.49  
 SSM #

Volume 106 Page 9+10 of Deeds Parcel I.D. 04-018-2-44-07-23-2-05-001-13000

Property Owner Stellar West Holdings, LP Contractor North Fork Builders (Phone) 406-551-4060

Address of Property 48775 South Lake Owen Dr. Plumber Rasmussen Plumbing

Authorized Agent Dennis Derham (Phone) 406-579-8048

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 2

Fair Market Value \$349,650 Square Footage 3,885 Sanitary: New  Existing  Privy  City

USE: \$350,000 Type of Septic/Sanitary System Conventional septic \*  
 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 Accessory Building (explain) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) Garage/Bunkhouse  Special/Conditional Use (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Other (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) Chris Walker Date 5/3/11

Address to send permit Mike Van Siler Cooper Engineering ATTACH  
Po Box 230 Rie Lake, WI 54888 (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number 10-465 Date 6-2-10  
 Date 5-11-11 Permit Number 11-0103 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Well staked. Meets all setbacks. Property lines per agents representations. By Mr. Tuttle Date of Inspection 5-3-11

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: No kitchen facilities or appliances in structure.

Signed Michael Tuttle Date of Approval 5-6-11  
 Inspector \_\_\_\_\_

\* This structure shares drainfield with caretaker house.