

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 573-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
**RECEIVED**  
 MAY 05 2011

Application No: 11-0105  
 Date: 5-11-11  
 Zoning District: RRB, Class 1  
 Amount Paid: \_\_\_\_\_

Bayfield Co. Zoning Dept.

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 23 Township 44 North, Range 7 West, Town of Drummond  
 Gov't Lot 1 Lot 1 Block 1 Subdivision V.101 P. 198-99 CS# 1747 Acreage 83.49

Volume 1061 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 Bldrs. (Phone) 406-551-4060

Address of Property Cable, WI 54821 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 1

Fair Market Value \$52,920 Square Footage 756 Sanitary: New  Existing  Privy  City

USE: \$53,000 Type of Septic/Sanitary System N/A

\* 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 sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) Garage  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.  
 Owner or Authorized Agent (Signature) Dennis Derham Date 5/3/11  
 Address to send permit Mike Van Gilder Copper Engineering ATTACH  
PO Box 230 Rice Lake, WI 54868 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 5-11-11 Permit Number 11-0105 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well staked. Metal stakes. Property lines per agent's representations. By M. Fustak Date of Inspection 5-3-11

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Not to be used for human habitation. No water under pressure in structure.

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