

Class 2

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
AUG 08 2011

SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:  
Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

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.

Application No.: 11-0348  
Date: 9/20/11  
Zoning District: R-1, Class 2  
Amount Paid: \$175.00 PDOS  
8/6/11



LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description SE 1/4 of SW 1/4 of Section 34 Township 44 North, Range 7 West, Town of Drummond  
Gov't Lot 5 Lot 17 Block Add #1 to East Lake CSM # \_\_\_\_\_ Acreage 1.376

Volume 1050 Page 869 of Deeds Parcel I.D. 04-018-2-44-07-34-4 00-170-21000

Property Owner Lake Takkodah Cabin LLC Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property Cable, WI 54821 Authorized Agent Natalie Plunten (Phone) 715-798-3937

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

Is your structure in a Shoreland Zone? Yes  No  If Yes, \_\_\_\_\_

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing  Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No  Number of Stories 1 1/2 (Gar)

USE: \_\_\_\_\_ Type of Septic/Sanitary System Conv Privy \_\_\_\_\_ City \_\_\_\_\_

\* 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) Short-term rental

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) \_\_\_\_\_

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) Matthew P. Fuchs Date 8/4/11

Address to send permit 4645 W. Takkodah Lake Rd, Cable, WI 54821 ATTACH \_\_\_\_\_

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_

Date 9/20/11 Permit Number 11-0348 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structure is existing. By M. Fuchs Date of Inspection 8-4-11

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

Condition: see TBH

Record for Issuance Signed Michael Fuchs Inspector Date of Approval 8-17-11

SEP 21 2011

Sanitor Secretarial Staff