

**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 27 2008

**ENTERED**

Application No.: 08-0235  
 Date: \_\_\_\_\_  
 Zoning District: R-1 Class 3  
 Amount Paid: \$175 PDS  
5/27/08

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

Legal Description: 1/4 of Section 13 Township 43 North, Range 6 West, Town of Danakegen  
 Gov't Lot 7 Lot 1+2 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_  
 Volume 539 Page 177 of Deeds Parcel I.D. # 034-1070-05 Use Tax Statement for Legal Description \_\_\_\_\_

Property Owner James Galuska Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Address of Property 43470 Old Castle Garden Rd Plumber North Country Vacation Rentals  
Cable WI 54821 Authorized Agent Craig Murthy (Phone) 739-6645  
 Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing  Number of Stories \_\_\_\_\_  
 Estimated Cost of Construction \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

- USE:**
- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
  - Residence sq. ft. \_\_\_\_\_
  - \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_
  - Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
  - Deck sq. ft. \_\_\_\_\_ 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) \_\_\_\_\_
  - Mobile Home (manufactured date) \_\_\_\_\_
  - Commercial Principal Building \_\_\_\_\_
  - Commercial Principal Building Addition (explain) \_\_\_\_\_
  - Commercial Accessory Building (explain) \_\_\_\_\_
  - Commercial Accessory Building Addition (explain) \_\_\_\_\_
  - Commercial Other (explain) \_\_\_\_\_
  - Special/Conditional Use (explain) short-term rental
  - 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) Craig Murthy Date 5/2/08  
 Address to send permit P.O. Box 130, Drummond, WI 54832 ATTACH  Copy of Tax Statement

\* See Notice on Back  
 APPLICANT — PLEASE COMPLETE REVERSE SIDE  
 If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 6/16/08 Permit Number 08-0235 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structures are existing  
 By M. Fustak Date of Inspection 6-5-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Signed Michael Fustak 6-6-08 Date of Approval \_\_\_\_\_  
 Inspector \_\_\_\_\_  
 Permit No. 08-0235  
 JUN 16 2008

18  
 43470 Old Castle Garden Rd

