

ENTERED

Rebuilding House floor joists - attached  
Reconnect - attached

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  
VOIDED BOA # 07-0615  
F E R F I V E  
APR 21 2008  
Bayfield Co. Zoning Dept.

Application No.: 08-0432  
Date: \_\_\_\_\_  
Zoning District: RRB, Class 1  
Amount Paid: \$ 600.00 205  
516108

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.

Transfer LV fees from attached variance L04p

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_  
Legal Description 1 1/4 of Section 31 Township 43 North, Range 60 West, Town of Namakegon  
Gov't Lot 1 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage .80  
Volume 802 Page 710 of Deeds Parcel I.D. # 034-1082-03 Use Tax Statement for Legal Description

Property Owner PNE Enterprises Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
Address of Property 42985 Wood Bay Dr. Plumber Andy Rasmussen & Sons  
Cable, WI 54821 Authorized Agent Phil Rasmussen (Phone) 794-2561  
Telephone 794-2124 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Written Authorization Attached: Yes  No  on file

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  
Estimated Cost of Construction \$200,000 Square Footage 1668 Sanitary: New  Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
USE:  \* Residence or Principal Structure (# of bedrooms) 3  
Residence sq. ft. 1668  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 \* Residential Addition / Alteration (explain) \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. 1668 Garage sq. ft. 396  
 \* Residential 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) Philip Rasmussen Date \_\_\_\_\_  
Address to send permit 42985 Wood Bay Dr, Cable, WI 54821 ATTACH \_\_\_\_\_  
Copy of Tax Statement

\* See Notice on Back  
If you previously purchased the property Attach a Copy of Recorded Deed \_\_\_\_\_

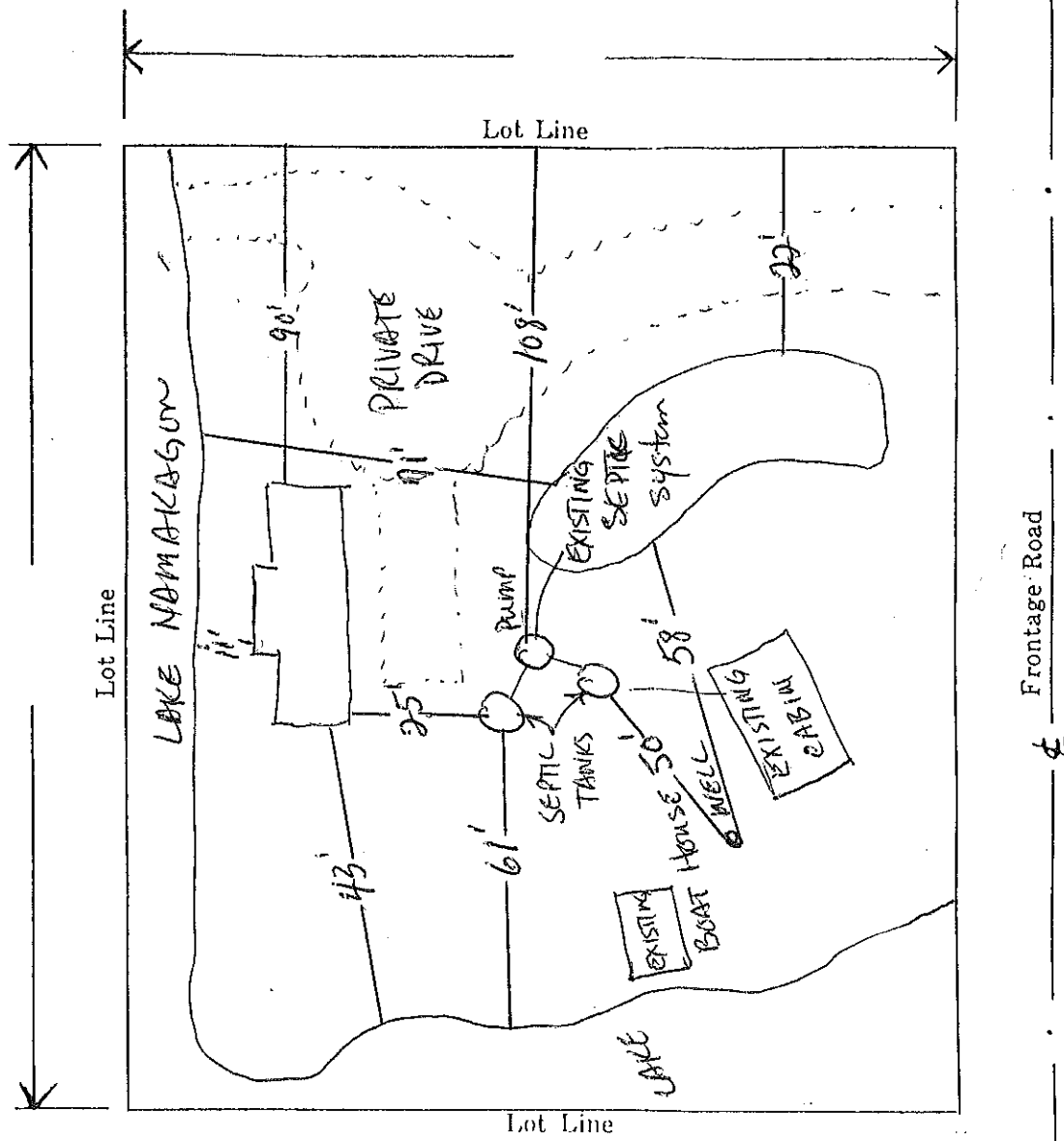
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number (Reconnect attached) 07-0615  
Date 8/20/08 Permit Number 08-0432 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: To be rebuilt in same location. Well staked. Meets required setbacks. By M. Fustak Date of Inspection 5-16-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: May be rebuilt to the same size and in the same location per WI Act 112.  
SIGNED: Michael Fustak Inspector Date of Approval 5-9-08  
Secretary Staff \_\_\_\_\_  
AUG 20 2008

Rec'd for Issuance

(1) Need: Mitigator - Rec. Affidavit - (2) Need Phot Plan for Reconnect  
(3) Need dimensions on house

1. Using the frontage road as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank, and drain field.
4. Show the location of any lake, river or stream if applicable.
5. Show dimensions in feet on the following:
  - a. building to all lot lines
  - b. building to centerline of road
  - c. building to lake, river, or stream
  - d. septic tank to closest lot line
  - e. septic tank to building
  - f. septic tank to well
  - g. septic tank to lake, river, or stream
  - h. drain field to closest lot line
  - i. drain field to building
  - j. drain field to well
  - k. drain field to lake, river, or stream
  - l. well to building



Indicate whether or not the following locations are staked:

Structure . . . . .	Yes	No	✓	Yes	No
Septic Tank . . . . .	Yes	No	✓	Yes	No