

ATF

\$150

ENTERED

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
JUL 07 2008
Bayfield Co. Zoning Dept.

Application No: 09-0045
Date: _____
Zoning District RRB, R-1
Amount Paid: \$150.00 RDS
\$75-Adm 7/7/2008
\$75-ATF

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 12 Township 43 North, Range 6 West, Town of Namakagon
Gov'l Lot 2 Block Subdivision V.31.P.304 CSM # 397 Acreage .65
Volume 859 Page 737 of Deeds Parcel I.D. # 034-109-06 Use Tax Statement for Legal Description
Property Owner James P Fogarty Contractor self (Phone) _____
Address of Property 24925 Garden Lake Rd Plumber _____
Cable, WI 54821 Authorized Agent _____ (Phone) _____
Telephone 715-637-7097 (Home) 715-934-3124 (Work)

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 _____
Estimated Cost of Construction \$20,000 Square Footage 1000 35 per m² Existing _____ City _____
USE: Existing Footage Sanitary New Existing Privy _____
 * Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured state) _____

Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ 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) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) enclosed deck External Improvements to Accessory Building (explain) _____
 Residential Other (explain) rebuild, entryway

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) James P Fogarty Date 6/30/2008
Address to send permit 100 E. Euclid Ave Baron, WI 54812 Copy of Tax Statement
* See Notice on Back Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 3/17/09 Permit Number 09-0045 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Non-conforming structure ~ 56' from E of town
Acad By M. Furtak Date of Inspection 7-10-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: per affidavit

Signed Michael Furtak 7-11-08
Inspector Rec'd for issuance

MAR 17 2009

Secretarial Staff