



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

B **R** **E** **C** **O** **R** **N** **E** **D**
FEB 03 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0046
Date: _____
Zoning District: RKB, Class 1
Amount Paid: \$175.00 RDS
2/15/09

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.

Bay Views Loft

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description: 2 Lot 1 Block _____ 1/4 of Section 9 Township 43 North, Range 6 West, Town of Namaagon
Gov't Lot 2 Lot 1 Block _____ Subdivision V.G.P. 66 CSM # 891 Acreage 2.12
Volume 506 Page 297 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-003-80000

Property Owner: Gary Staudemeyer (Estate) Contractor: SELF (Phone) _____
Address of Property: 44870 Birch Pt. Rd Plumber _____
Cable, WI 54821

Telephone: 798-2346 (Home) _____ (Work) _____
Authorized Agent: Amanda Staudemeyer (Phone) 798-2366

is your structure in a Shoreland Zone? Yes No If yes, _____
Written Authorization Attached: Yes No

Structure: New _____ Addition _____ Existing
Fair Market Value _____ Square Footage _____
Sanitary: New _____ Existing Number of Stories 1
City _____
Type of Septic/Sanitary System _____
 Mobile Home (manufactured date) _____

- * 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) _____
- 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 OF STARTING CO. . . . ACTION 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): Amanda Staudemeyer Date 2-3-09
Address to send permit: 44705 Birch Pt Rd, Cable, WI 54821 ATTACH
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 3/17/09 Permit Number 09-0046 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structure is existing. Date of Inspection 2-12-09

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

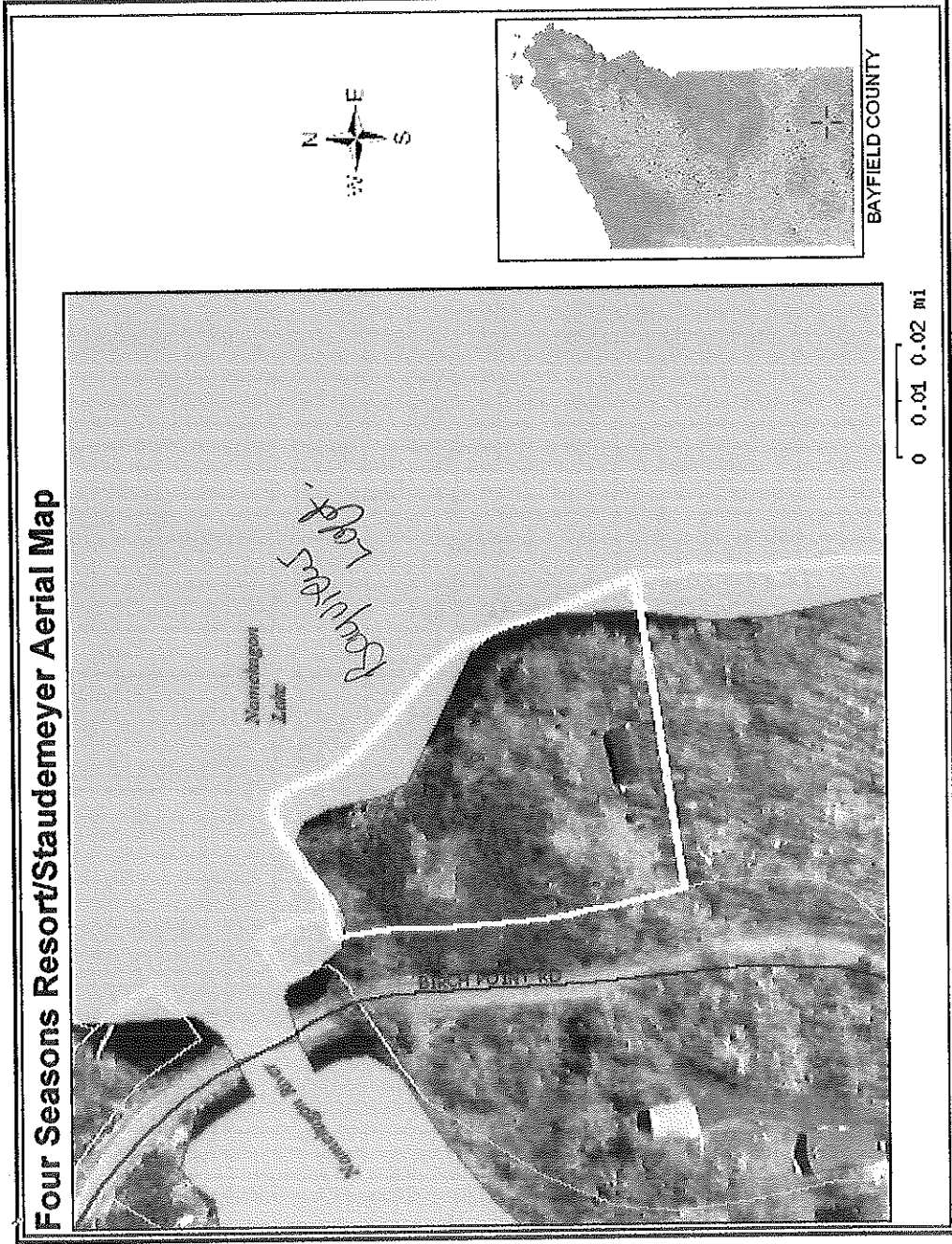
Condition: Must install code compliant vent cap on observation pipe.
see TBA & affidavits
4/3/10/09 Faxed
copy for town
conditions
Signed Michael Jurtak Date of Approval 2-13-09
Inspector _____ Date of Approval _____

Rec'd for Issuance

448706

MAR 17, 2009

Secretarial Stamp



/cabin