

ENTERED

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

RECEIVED
FEB 03 2009
Bayfield Co. Zoning Dept.

Application No: 09-0047
Date: _____
Zoning District R-1, RR B, C, Class
Amount Paid: \$175 mg 3/13/09
B.O.A. OTHER

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. in Lakeside Loft

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE OTHER

Use Tax Statement for Local Description

Legal Description: _____ 1/4 of Section 9 Township H3 North, Range 6 West, Town of Nayaukayon
Gov'l Lot 3 Lot 1 Block _____ Subdivision V.S.P. 262 CSM # 807 Acreage 1.8
Volume 819 Page 67 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-003-10000

Property Owner Gary Staudemeyer (Estate) Contractor SELF (Phone) _____
Address of Property 44750 Birch Pt. Rd Plumber Amanda Staudemeyer (Phone) 798-2366
Cable, WI 54821 Authorized Agent

Telephone 798-2346 (Home) _____ (Work) _____
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: Yes _____ No _____ Existing New _____
Type of Septic/Sanitary System (AT-Grouts) City _____
 Mobile Home (manufactured date) _____

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) _____

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) Amanda Staudemeyer Date 2-3-09

Address to send permit 44705 Birch Pt Rd, Cable, WI 54821 ATTACH
* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 3/17/09 Permit Number 09-0047 Permit Denied (Date) _____
Reason for Denial: _____

Inspection Record: Structure is existing.
By M. Furtak Date of Inspection 2-12-09

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

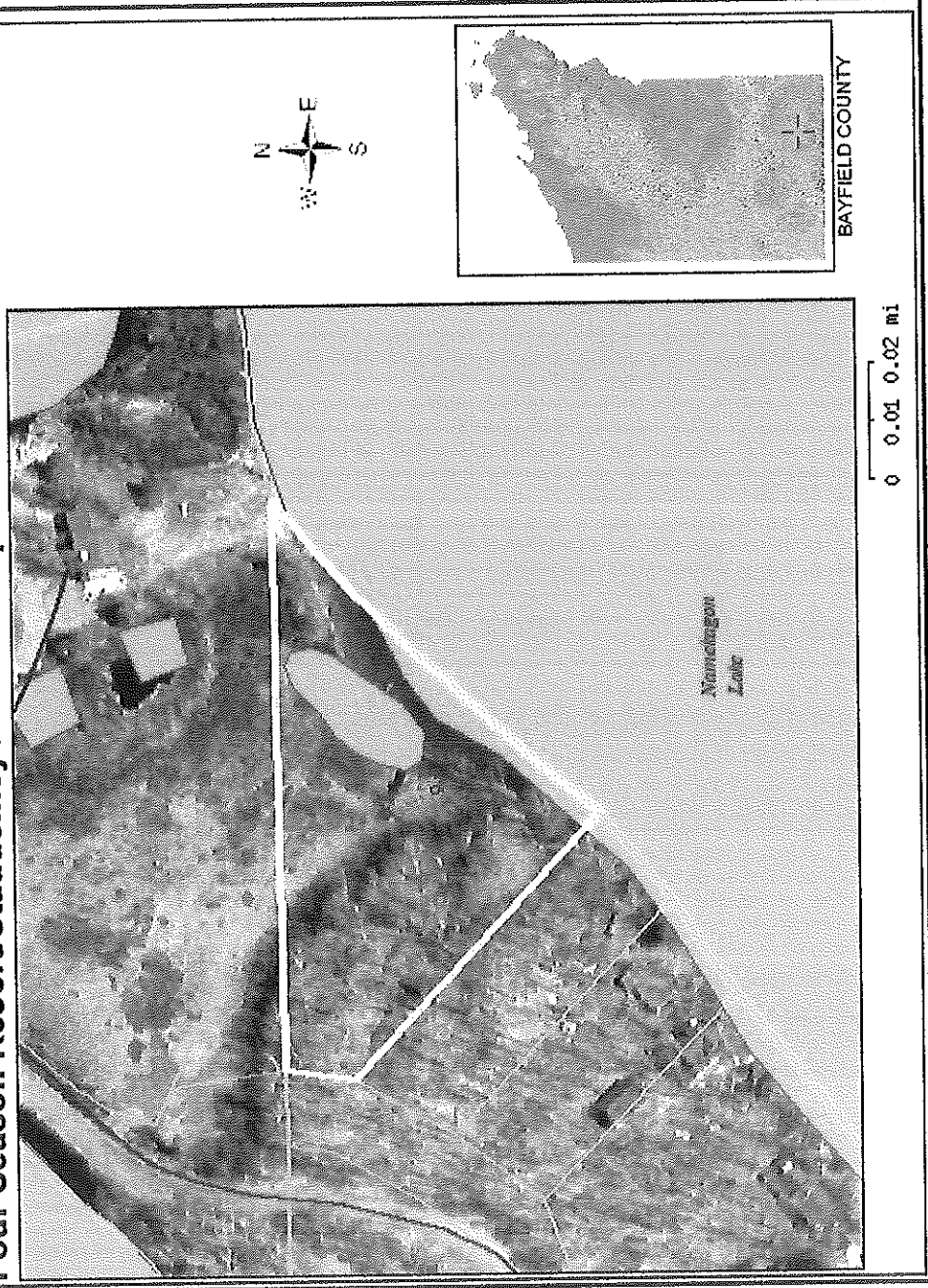
Condition: see TBA & affidavit 2/3/09 faxed Copy for various conditions
Signed Michael Furtak 2-13-09
Inspector Michael Furtak Date of Approval _____

Rec'd for Issuance

MAR 17, 2009

Secretarial Staff

Four Season Resort/Staudemeyer Aerial Map



1 cabin since 1968 Lakeside Loft