



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
 FEB 03 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0049
 Date: _____
 Zoning District: R-1, Class 1
 Amount Paid: \$175.00 ROS
2/16/09

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.

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE OTHER _____

Use Tax Statement for Legal Description

Legal Description: _____ 1/4 of Section 9 Township 43 North, Range 60 West, Town of Namakagon
 Gov'l Lot 3 Lot 5 Block _____ Subdivision V-2, P154 120 Acreage 1.2

Volume 472 Page 19 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-003-05000
 Property Owner: Gary Staedemeyer (Estate)
 Address of Property: Cable, WI 54821
 Telephone: 798-2346 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If Yes, _____
 Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New _____ Addition _____ Existing
 Fair Market Value: _____ Square Footage _____
 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. _____
 * 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 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 Staedemeyer Date 2-3-09
 Address to send permit: 44705 Birch Pt Rd, Cable, WI 54821

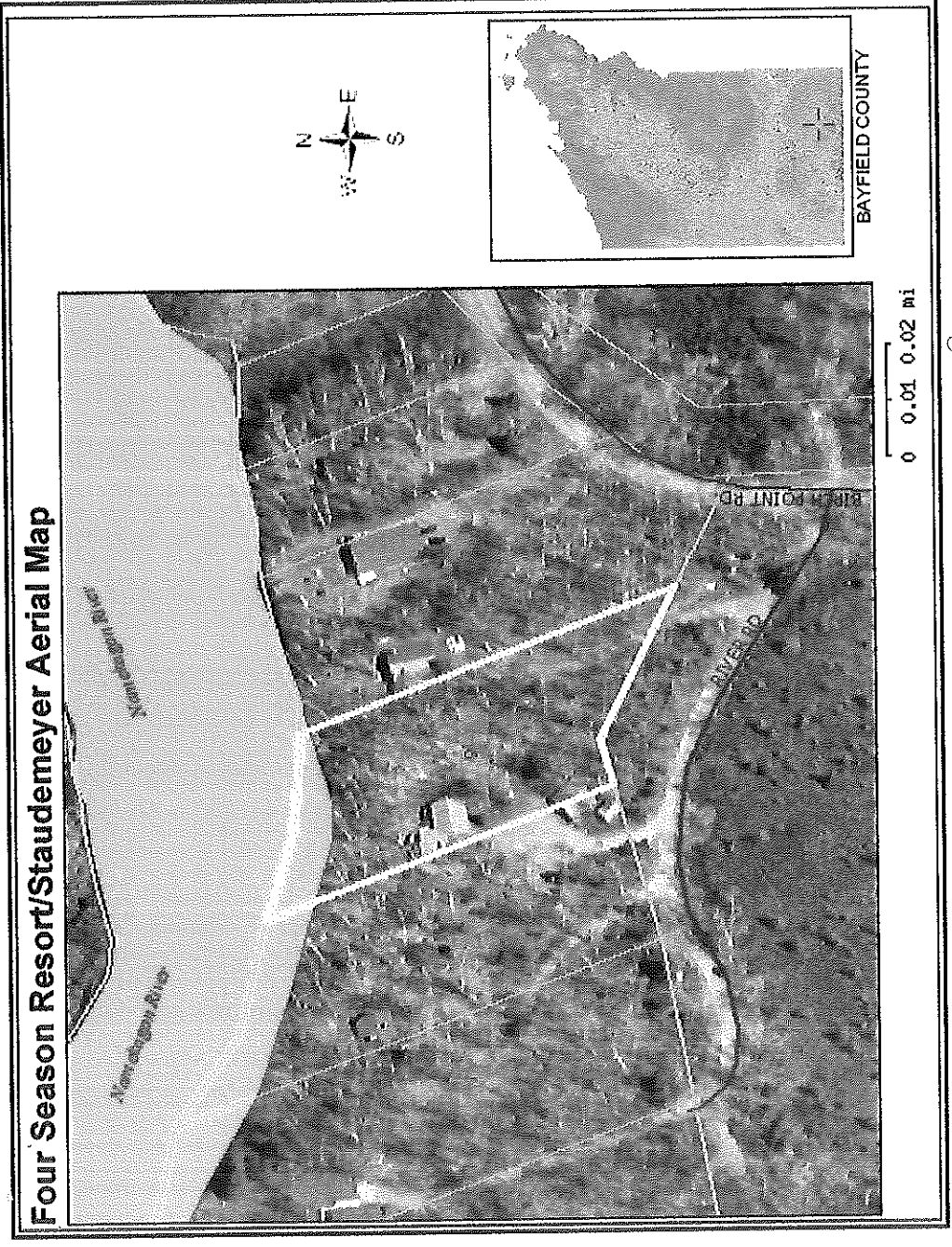
* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number _____ Date _____
 # 09-0049 Permit Number 3/10/09 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: Rock + chains on septic holding tank must be placed

To secure cover. See JBA & affidavit
3/18/09 Signed Michael Furtak Date of Approval 2-13-09
faxed copy for Towns auditors Inspector _____



5 Bedroom split level