

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.

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.

"Rustic Loft"

Application No: 09-0048
 Date: _____
 Zoning District: R-1, Class 1
 Amount Paid: \$175.00 ROS
2/5/09

LAND USE SANITARY PRIVY SPECIAL USE B.O.A. OTHER _____
 Use Tax Statement for Legal Description

Legal Description: 1/4 of Section 9 Township 43 North, Range 6 West, Town of Namakagon

Gov't Lot 3 Lot 3 Block _____ Subdivision _____
 Volume 702 Page 166 of Deeds Parcel I.D. 04-034-2-43-06-09-2 CSM # 807 Acreage .60

Property Owner: Gary Staudemeyer (Estate) Contractor: SELF (Phone) _____

Address of Property: 44720 Birch Point Rd Authorized Agent: Amanda Staudemeyer 798-2366

Cable, WI 54821 Telephone: 798-2346 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing Square Footage _____

Fair Market Value _____

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) _____

Special/Conditional Use (explain) Short-Term Rental

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

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 _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date: 3/18/09 Permit Number: 09-0048 Permit Denied (Date) _____

Reason for Denial: _____

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

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

Condition: Need locks & chains on pump/septic tank.

See TBA & affidavit.

+ 3/18/09 faxed copy for town's condition

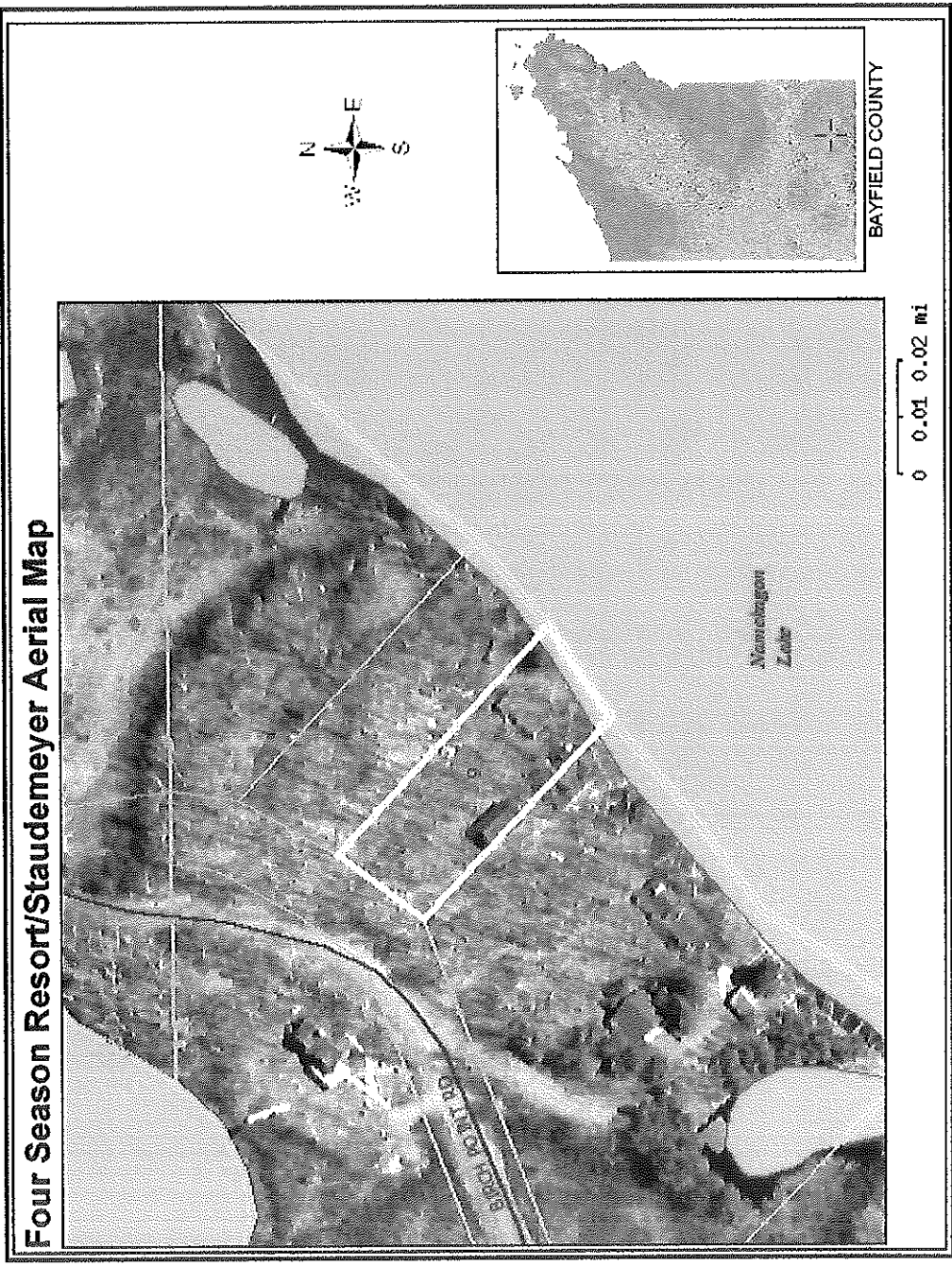
Signed: Michael Tustab Inspector

Date of Approval: 2-13-09

Rec'd for Issuance

MAR 17, 2009

Secretarial Staff



Rustic loft