



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 12 2009  
Bayfield Co. Zoning Dept.

Application No.: 09-00574  
Date: \_\_\_\_\_  
Zoning District: R-1 Class 1  
Amount Paid: \$175 2/12/09  
mf

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 Section 9 Township 43 North, Range 6 West, Town of Namakagon  
Gov't Lot 3 Lot 2 Block \_\_\_\_\_ Subdivision V.1 BSM # 279 Acreage .719  
Volume 1010 Page 91 of Deeds Parcel I.D. # 04-034-2-43-06-09-2 Use Tax Statement for Legal Description  
Property Owner KURT DVORAK Contractor 05-003-07000 (Phone) \_\_\_\_\_

Address of Property 74625 BIRCH POINT RD Plumber \_\_\_\_\_  
CABLE, WI 54821 Authorized Agent Mike Best (Phone) 558-4014  
Telephone 612-499-0687 (Home) \_\_\_\_\_ Written Authorization Attached: Yes  No   
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 \_\_\_\_\_ Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ City \_\_\_\_\_  
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) \_\_\_\_\_
- Mobile Home (manufactured date) \_\_\_\_\_
- 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.

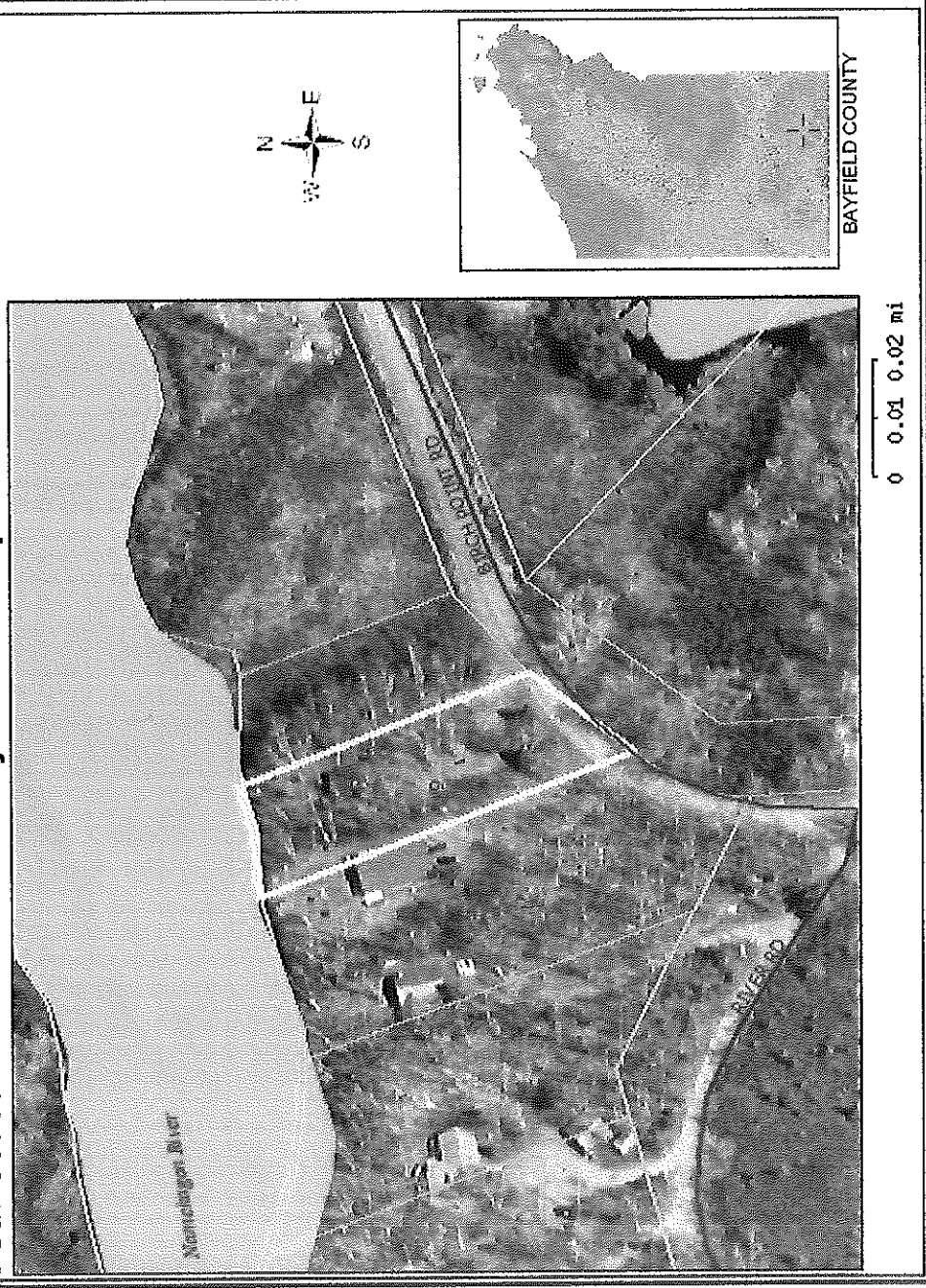
Owner or Authorized Agent (Signature) Mike Best Date 2/6/09  
Address to send permit ARP, Inc. / PO Box 802 / HATWARD, WI ATTACH  Copy of Tax Statement  
\* See Notice on Back 54843 If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 6256 Date \_\_\_\_\_  
Date 3/20/09 Permit Number 09-0054 EA 115 #6 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Structure is existing - previously part of  
4 seasons Resort By M. Futch Date of Inspection 2-19-09  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: see TBA & affidavit  
Signed Michael Futch Inspector 2-20-09  
Resident Issuance  
MAR 19, 2003

\* Legal, to stmnt/deed / & legal on TBA all mss ~~original~~ Staff & use

Four Season Resort/Staudemeyer Aerial Map



~~5 BEESON SPITZBERG~~  
 pineauw - sold

Kurt Devorek