

12:45 FRI

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Application No: 09-0124  
 Date: \_\_\_\_\_  
 Zoning District: RRB  
 Amount Paid: \$75 5/1/09 mg

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

RECEIVED  
 MAY 05 2009

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. 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 \_\_\_\_\_

Use Tax Statement for Legal Description  
 Legal Description: \_\_\_\_\_ 1/4 of Section 21 Township 43 North, Range 6 West, Town of Wauwatosa  
 Gov't Lot 1 Lot 4 Block \_\_\_\_\_ Subdivision V.41 P.80 CSM # 899 Acreage 1.912  
 Volume 711 Page 903 of Deeds Parcel I.D. 04-034-2-43-06-21-1 05-001-09000  
 Property Owner ROBERT P. MAMUSIER Contractor SEK (Phone) 794-2170  
 Address of Property CRIBBLE, WI 54821 Plumber \_\_\_\_\_  
 Telephone 794-2170 (Home) 798-9797 (Work) \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  **if yes.**  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Fair Market Value 12,000 Square Footage 1200  
**USE:**  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) GARAGES  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  
 Porch sq. ft. \_\_\_\_\_  
 Deck(2) sq. ft. \_\_\_\_\_  
 Garage sq. ft. \_\_\_\_\_  
 Distance from Shoreline: greater than 75'  75' to 40'  less than 40'   
 Basement: Yes \_\_\_\_\_ No  Number of Stories \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
 Type of Septic/Sanitary System Conu.  
 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) \_\_\_\_\_  
 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.

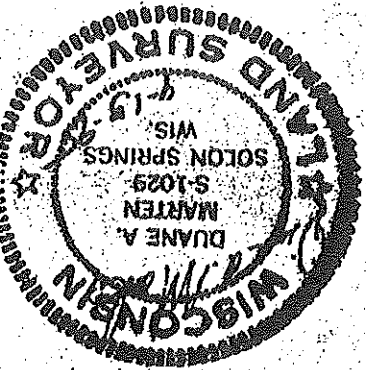
Owner or Authorized Agent (Signature) [Signature] Date 5/1/09  
 Address to send permit 42835 Woods Bay Rd CRIBBLE, WI 54821 Copy of Tax Statement or  Attach a Copy of Recorded Deed

\* See Notice on Back APPLICANT --- PLEASE COMPLETE REVERSE SIDE

Permit issued: \_\_\_\_\_ State Sanitary Number 404257 Date 4-17-03  
 Date 05/08/09 Permit Number 09-0124 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well staked. Metals all set back. Property lines per owners father's recommendation. By M. Furtak Date of Inspection 5-1-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Not to be used for human habitation  
 Signed Michael Furtak Inspector 5-6-09 Date of Approval 5-6-09  
 Date of Issuance \_\_\_\_\_

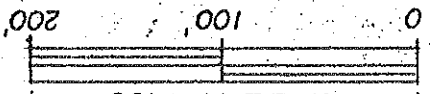
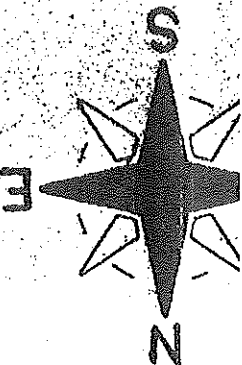
034-1082-01 004 Secretarial Staff

MAY 7 2009



• SET 1" X 24" IRON PIPE,  
MIN. WT. 1.13 LBS./LIN. FT.

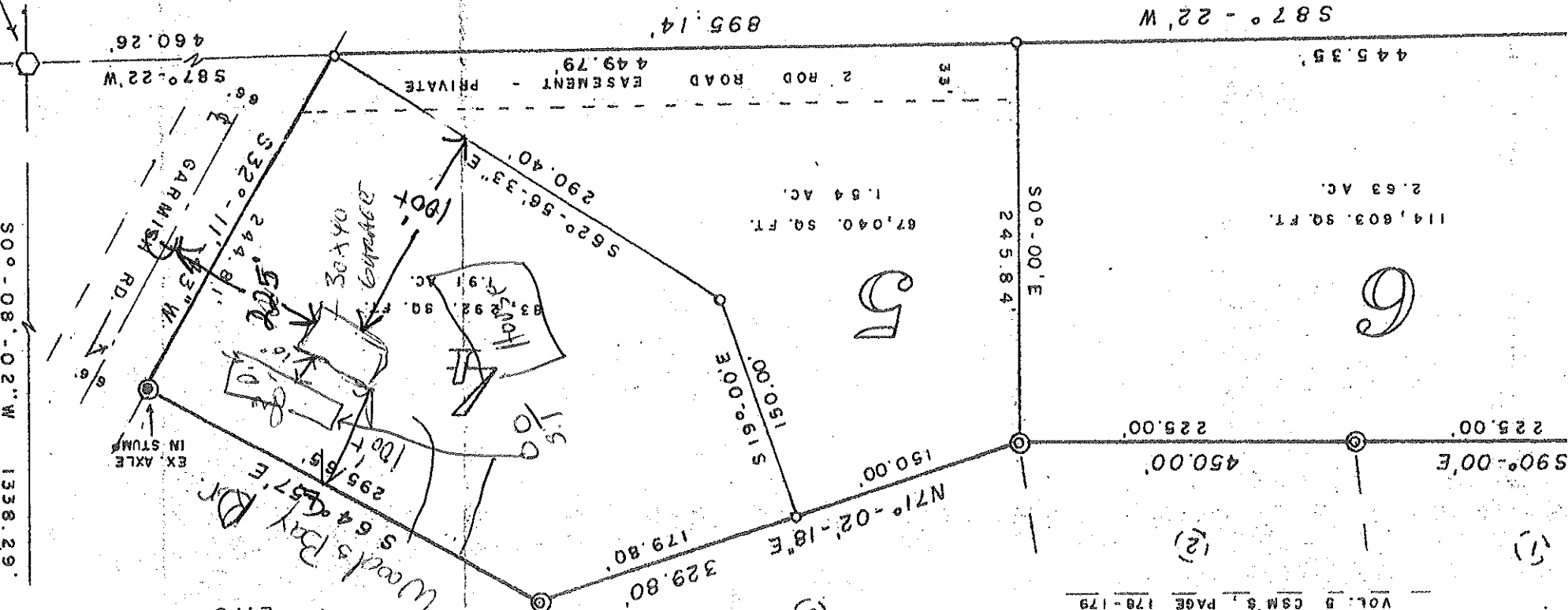
⊙ EX. IRON PIPE MON.



SCALE - 1" = 100'

BEARINGS ARE REFERENCED TO  
THE EAST LINE OF SEC. 21 -  
ASSUMED TO BEAR  $S0^{\circ}08'02''W$

SE CORNER  
G.L. I - FD.  
CONCRETE POST



$S0^{\circ}08'02''W$  1338.29'

SHEET 1 OF 2

VOL. B CSM'S, PAGE 178-179

IN GOV'T. LOT 1, SEC. 21-T43N-R6W, TOWN OF  
GON, BAYFIELD COUNTY, WISCONSIN.

OLD CO. CERTIFIED SURVEY MAP NO. Q00899