

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
 JUN 18 2009

INSTRUCTIONS: No permits will be issued until all fees are paid to the 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 _____ 1/4 of Section 9 Township 43 North, Range 6 West, Town of Nemadji

Gov't Lot 3 Lot 6 Block _____ Subdivision _____

Volume 1012 Page 918 of Deeds Parcel I.D. 04-034-2-43-06-09-2 05-103-04000

Property Owner Paul J. Bott

Address of Property 21380 River Rd

Cable, WI 54821

Telephone 798-3110 (Home) _____ (Work) _____

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

Structure: New Addition Existing

Fair Market Value \$20,000 Square Footage 960

USE: 24' x 40'

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____

Residence sq. ft. _____

Deck sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) garage

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) Paul J. Bott Date 6-18-09

Address to send permit Po Box 424, 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 6/26/09 Permit Number 09-0244 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Meets all setbacks. Property lines per owner representations. By M Funtak Date of Inspection 6-25-09

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

Condition: Not to be used for human habitation. No plumbing fixtures in structure.

Signed Michael Funtak Date of Approval 6-26-09

Inspector

Rec'd for Issuance

JUN 26 2009

Secretarial Staff

ENTERED

\$75

Application No.: 09-0244

Date: _____

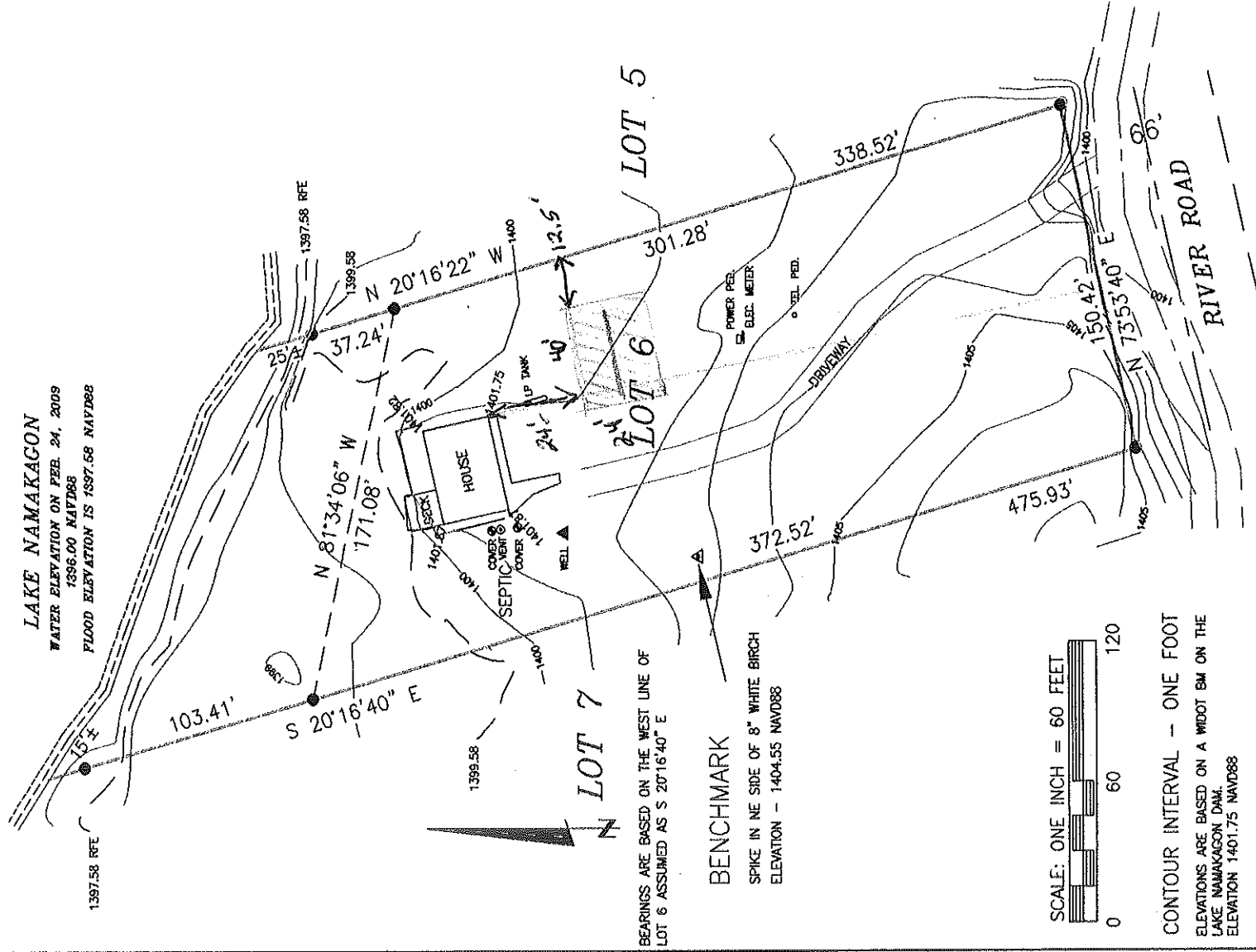
Zoning District R-1, Class 1

Amount Paid: \$75.00 PDS

6/22/09

MAP OF SURVEY

LOT 6 OF BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 120,
 LOCATED IN GOVERNMENT LOT 3 OF SECTION 9, T. 43 N., R. 6 W.,
 IN THE TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN



1831

LEGEND ● 3/4" ROUND IRON ROD, FOUND IN PLACE	CLIENT: ZABEL, R. JOB NO. N09/016 DRAFTED BY: T.E.O. FEBRUARY 26, 2009	SCALE: ONE INCH = 60 FEET FILE: N/143NR6W/SEC9 PSDATA/N09015 ACAD/N09015 ZABEL MB. 371 PG. 13	1831
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NELSON SURVEYING INCORPORATED
 SURVEYING NORTHERN WISCONSIN SINCE 1864
 MAP NO. CSM 1651

107 W. MAIN STREET
 SUITE 207
 ASHLAND, WISCONSIN 54806
 (715) 882-2002
 FAX (715) 882-5100