

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

ENTERED

Application No: 09-0391
Date: 3/21/09
Zoning District: RKB, Class 3
Amount Paid: \$90.00 RPS
3/30/09

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 B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 17 Township 43 North, Range 6 West, Town of

Gov't Lot 1 Lot 1 Block 1101 CSM # 1.6 Acreage 1.6

Volume 928 Page 508 of Deeds Parcel I.D. 04-034-2-43-06-17-4 05-001-10000

Property Owner PATRICK JOHN SCOTT Contractor JERARD OUELLET (Phone) 765-4788

Address of Property 43115 New River Road Plumber NONE NEEDED

Casey WI 54821 Authorized Agent _____ (Phone) _____

Telephone 608-746-0290 (Home) 608-785-0038 (Work) _____

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

Structure: New Addition Existing _____

Fair Market Value 30,000 Square Footage 1,004

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

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

Residence sq. ft. _____ Porch sq. ft. _____

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

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) ATTACHED GARAGE

Residential Accessory Building (explain) 28'x38'

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) [Signature] Date 3-26-09

Address to send permit 3454 Leroy Blv, LaCrosse, WI ATTACH _____

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE 54601 Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7-22-09 Permit Number 09-0391 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing. Structure is 85' from OHWM.

By MM. Furtak Date of Inspection 4-28-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # 09-04B

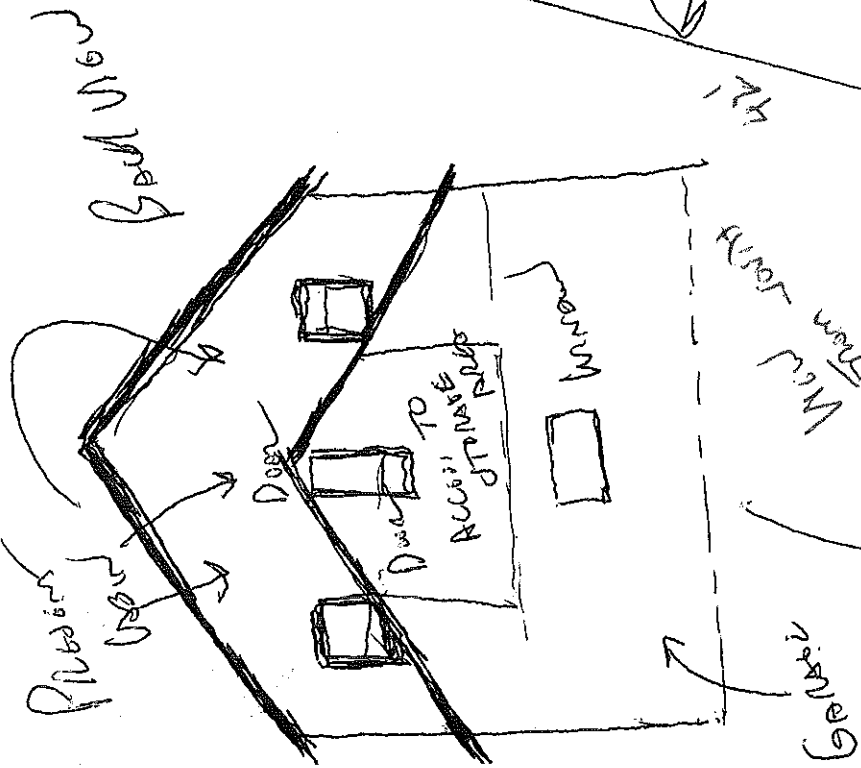
Condition: See BOA decision and affidavit.

Signed Michael Furtak 4-29-09 Date of Approval _____

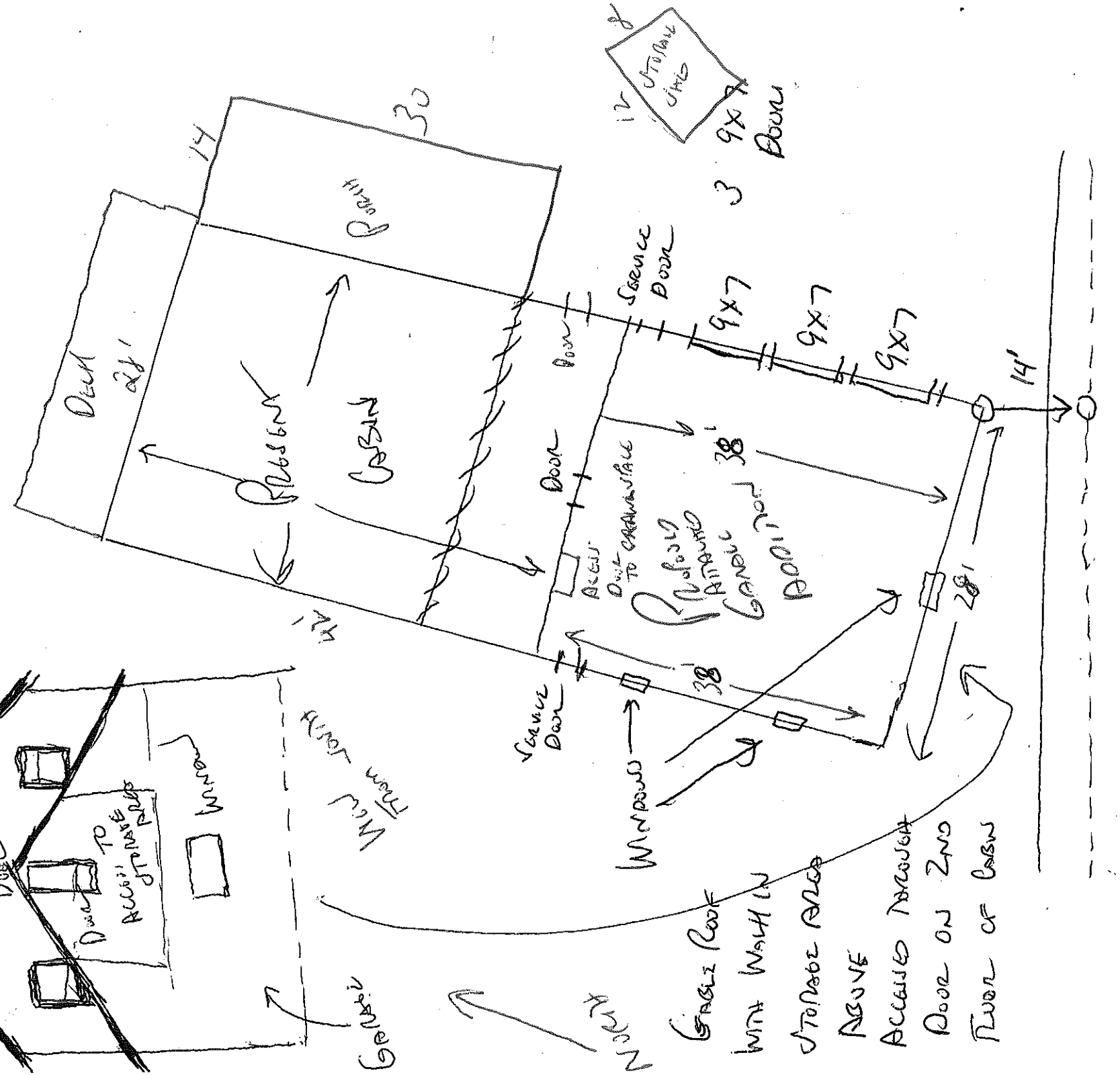
Inspector _____

RECEIVED for ISSUANCE ZONING

JUL 21 2009



Patrick Swift
Proposed Cabin
Garage Addition



Garage Roof
with Washin
Storage Area
Above
Access through
Door on 2nd
Floor of Cabin

Road