

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

R E F E R E N C E
 MAR 06 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.

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 4/3 North Range 6 West Town of Mamakayow
 Gov't Lot 3 Lot 1 Block Subdivision V.2 B25 41 Acreage 5.5

Volume 841 Page 512 of Deeds Parcel I.D. 04-034-2-4306-09-2

Property Owner Janece A. & Shirley A. Macey Contractor 05-003-14000 (Phone) _____

Address of Property 44580 Birch Point Rd Plumber _____
Cable WI Authorized Agent _____ (Phone) _____

Telephone 34-8580 (Home) 634-6997 (Work)

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

Structure: New Addition Existing
 Fair Market Value 534,100 Square Footage 635 ea

USE: * Residence or Principal Structure (# of bedrooms) 2 ea
 Residence sq. ft. _____ Cabin

* 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) _____

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) Shirley A. Macey Date 3/5/09

Address to send permit PO Box 572 Hayward, WI 54843 ATTACH _____

* See Notice on Back

Copy of Tax Statement or
 (If you recently purchased the property
 Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number _____ Date _____

Date 01/1/09 Permit Number 09-0321 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structures are existing.
 By MM. Funtak Date of inspection 3-12-09

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

Condition: See ZC decision and affidavit.

Signed Michael Funtak 5-27-09
 Inspector _____ Date of Approval _____

Rec'd for Issuance

AUG 5 2009

Secretarial Staff

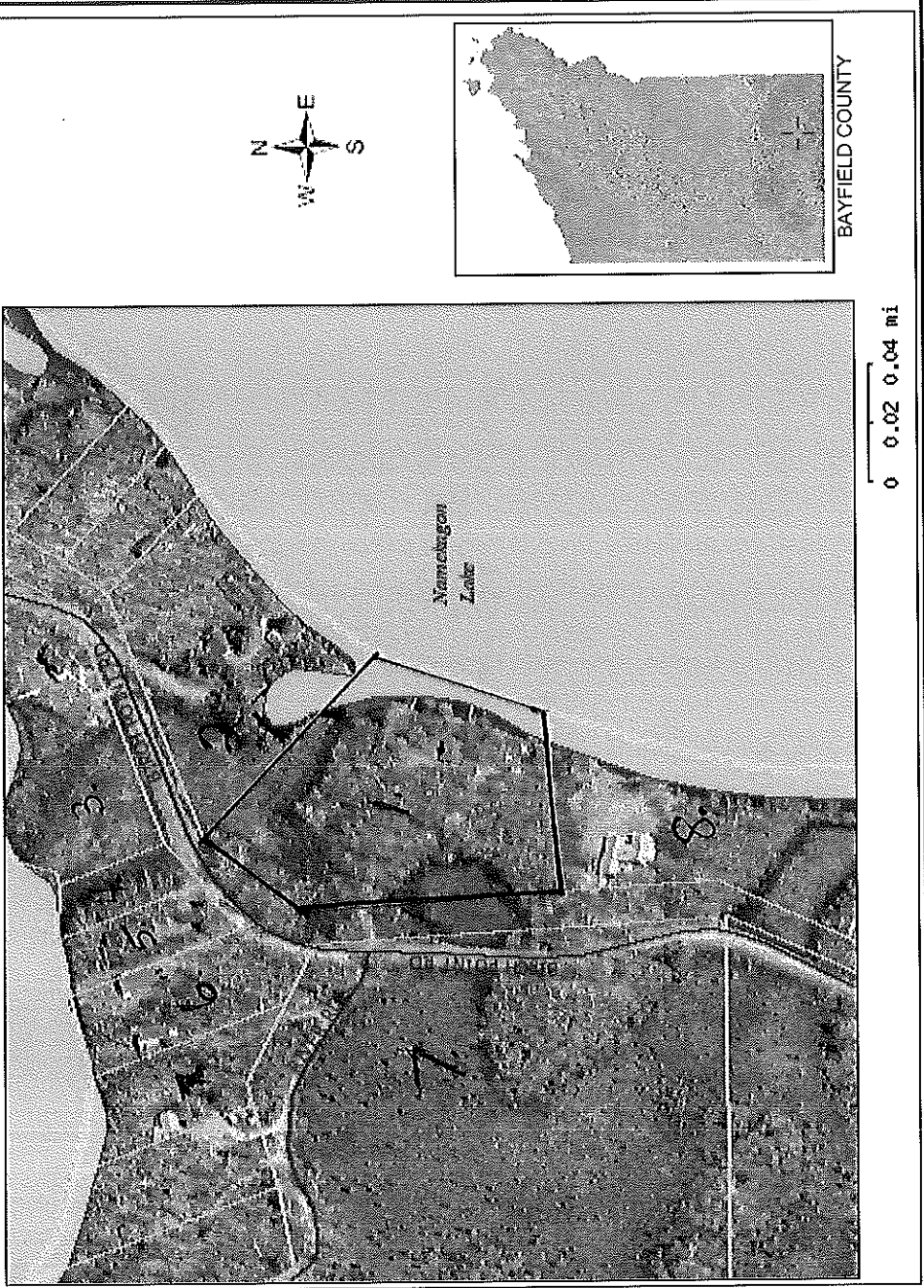
SENT BY ZONING

\$ 350

ENTERED

Application No. 09-0321
 Date: _____
 Zoning District R-1, Class 1
 Amount Paid: _____

Morey Adjoining Property Owners Map



1. subject - Morey
2. Gerald & GERALYNN KOTTSCHADE
3. Gary Staudemeyer (estate)
4. Kathryn A. Anderson
5. ~~Gary Staudemeyer (estate)~~ Kurt Duorak
6. Roxanne Bartish
7. Amanda J. Staudemeyer
8. Douglas & Patricia Stoffers Trustees

