



**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**  
 NOV 15 2007  
 Bayfield Co. Zoning Dept.

Application No: 09-0529  
 Date: \_\_\_\_\_  
 Zoning District: R-1 Class 3  
 Amount Paid: \$ 75  
 ATF - \$ waived by Karf

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.

After-the-fact  
 APPLICANT.

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER  
 Legal Description SW 1/4 of AFE 17 Township 43 North, Range 6 West, Town of Namakagon  
 Gov't Lot 1 Lot 1 Block 1 Subdivision CSM # Acreage 37.2  
 Volume 919 Page 165 of Deeds Parcel I.D. # 034-1679-03 Use Tax Statement for Legal Description

Property Owner Lamiot Family Trust  
 Address of Property 43545 Helms Pt Rd.  
 Contractor Servy Olson (Phone) 373-5207  
 Plumber Matthew Edmunds

Authorized Agent John Lamiot (Phone) \_\_\_\_\_  
 Written Authorization Attached: Yes  No   
 Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New  Addition  Existing   
 Estimated Cost of Construction 25,000 Square Footage deck 120 sq  
 USE:  Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Basement: Yes  No  Number of Stories 1  
 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) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  
 Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition (Alteration explain) deck foundation  
 Residential Accessory Building (explain) 3 season room  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

**FAILURE TO OBTAIN A PERMIT OF 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) John Edmunds Date 11-15-2007  
 Address to send permit OS 996 Wenmoth Rd, Batavia, IL 60810 ATTACH  
 Copy of Tax Statement  
 Attach a Copy of Recorded Deed

**APPLICANT - PLEASE COMPLETE REVERSE SIDE**

Permit Issued: \_\_\_\_\_ State Sanitary Number 13593 Date 10-7-81  
 Date 1/13/09 Permit Number 09-0529 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Non-con forming structure. 51' from OHUM  
 By M. Fustak Date of Inspection 10-12-07  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # 08-01B  
 Condition: see BOA decision

Signed Michael Fustak Date of Approval 4-8-08  
 Inspector \_\_\_\_\_  
 Rec'd for Issuance \_\_\_\_\_



NOV 2 2009

Secretarial Staff

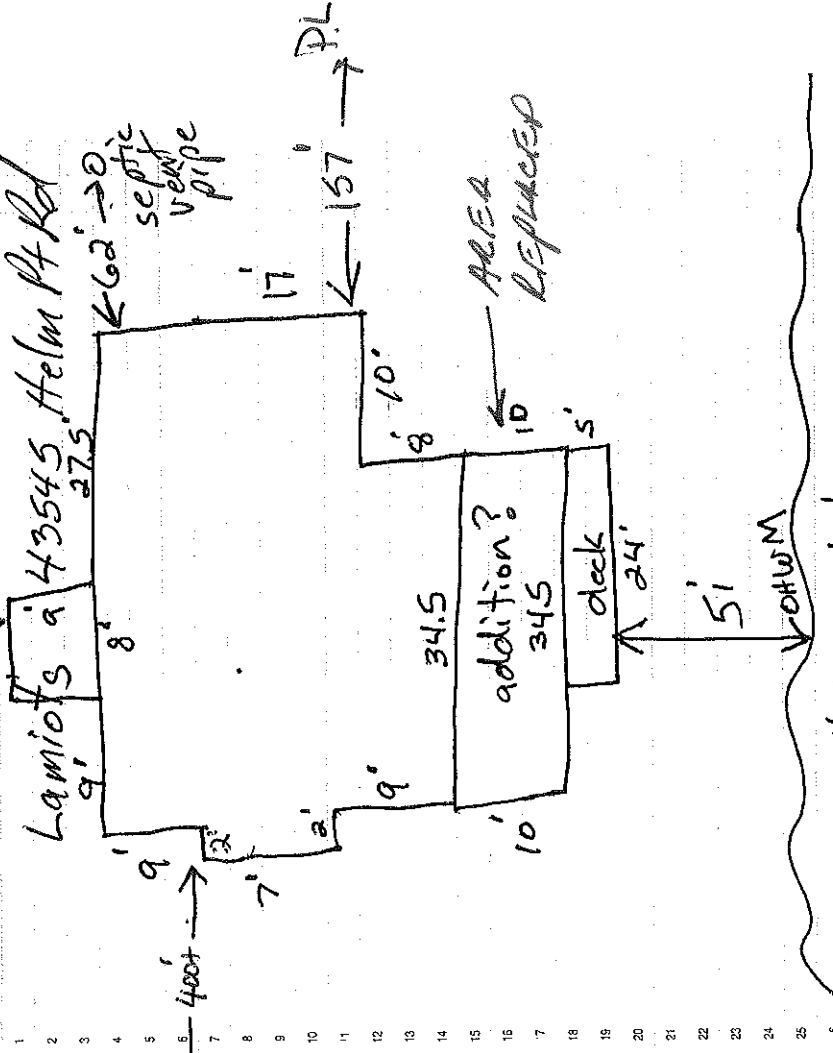
↑ PL  
950+

FRIDAY 12  
OCTOBER, 2007

41st Week  
285th Day

DIARY AND WORK RECORD

REF NAME OR PROJECT DETAILS OF MEETINGS • AGREEMENTS • DECISIONS TIME  
HRS. 1/10



17  
10  
8  
10  
5  
34.5  
5  
10  
9  
2  
7  
2  
9  
9  
18  
8  
27.5  
191

Matthew Edmunds  
76050 McKinley Rd  
Washburn, WI  
54891  
373-5207  
Jerry Olson

34.5 - linear perimeter

18  
10  
17  
44.5  
18  
35

191  
10  
191  
3316%

191 | 64.5



REFILL #09200