

\$125

18 ENTERED

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
 SEP 20 2010

Application No.: 10-0424
 Date: _____
 Zoning District: RRB, class
 Amount Paid: \$125 9/22/10
mf

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: NW 1/4 of NE 1/4 of Section 21 Township 43 North, Range 6 West, Town of Namakagon
NE Lot _____ Block _____
 Gov't Lot _____

Volume 659 Page 391 of Deeds Parcel I.D. 04-034-2-43-06-21-1 00-622-01000 thru _____
 Property Owner Lakewoods Villages Condo Assoc. + Lakewoods Lodge Inc. Contractor _____ Acreage 2.578+ (Phone) 46000

Address of Property 21540 City Hwy M
Cable, WI 54821
 Plumber _____
 Authorized Agent Phil Resmusssen (Phone) 794-2561

Telephone 794-2561 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Written Authorization Attached: Yes No on file

Structure: New Addition _____ Existing _____
 Fair Market Value \$ 30,000 Square Footage 480 ft
 USE: _____

* Residence or Principal Structure (# of bedrooms) _____
 Type of Septic/Sanitary System Conu

Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Commercial Principal Building _____

Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____

Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Commercial Principal Building Addition (explain) _____

Residential Accessory Building (explain) _____
 Commercial Accessory Building (explain) Shower/bath room
 Commercial Accessory Building Addition (explain) game room

Residential Other (explain) _____
 Commercial Other (explain) _____

Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____

External Improvements to Accessory 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) Phil Resmusssen, Mgr. Date 9-20-10

Address to send permit 21540 City Hwy M, Cable, WI 54821

* See Notice on Back **APPLICANT - PLEASE COMPLETE REVERSE SIDE** ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 10/15/10 Permit Number 10-0424 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure to be built on existing footprint.
 By M. Funtak Date of Inspection 9-23-10

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

Condition: _____

Signed Michael Funtak Inspector Date of Approval 9-24-10

Rec'd for Issuance

OCT 13, 2010

Secretarial Staff



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