

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 17 2010

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 13 Township 43 North, Range 6 West, Town of Namugagon
 Gov't Lot 23 Block _____ Subdivision Namugagon Lakeshore CSM # 1.3

Volume 780 Page 470 of Deeds Parcel I.D. 04-034-a-43-06-13-2 00-227-3000

Property Owner Michael K Weeds Contractor Bischof Bldrs (Phone) 798-3653

Address of Property 24235 Garden Lake RA Plumber _____

Cable, WI 54821 Authorized Agent Dick Becking (Phone) 798-3653
952-835-4644 (Home) _____ (Work) _____

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

Structure: New Addition _____ Existing _____
 Fair Market Value \$ 25,000 Square Footage 832 ft²

USE: * Residence or Principal Structure (# of bedrooms) 26 x 32!

Residence sq. ft. _____ garage _____

* 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) Richard Schroeder Date 11-18-10

Address to send permit 42420 Woodcrest Dr., Cable, WI 54821 ATTACH Copy of Tax Statement of _____
 (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 11/19/10 Permit Number 10-0475 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Property lines per owners agents representative
 By M. Furtak Date of Inspection 11-18-10

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

Condition: Not to be used for human habitation.

Signed Michael Furtak Date of Approval 11-18-10
 Inspector _____ Rec'd for Issuance _____

NOV 19 2010

Secretarial Staff

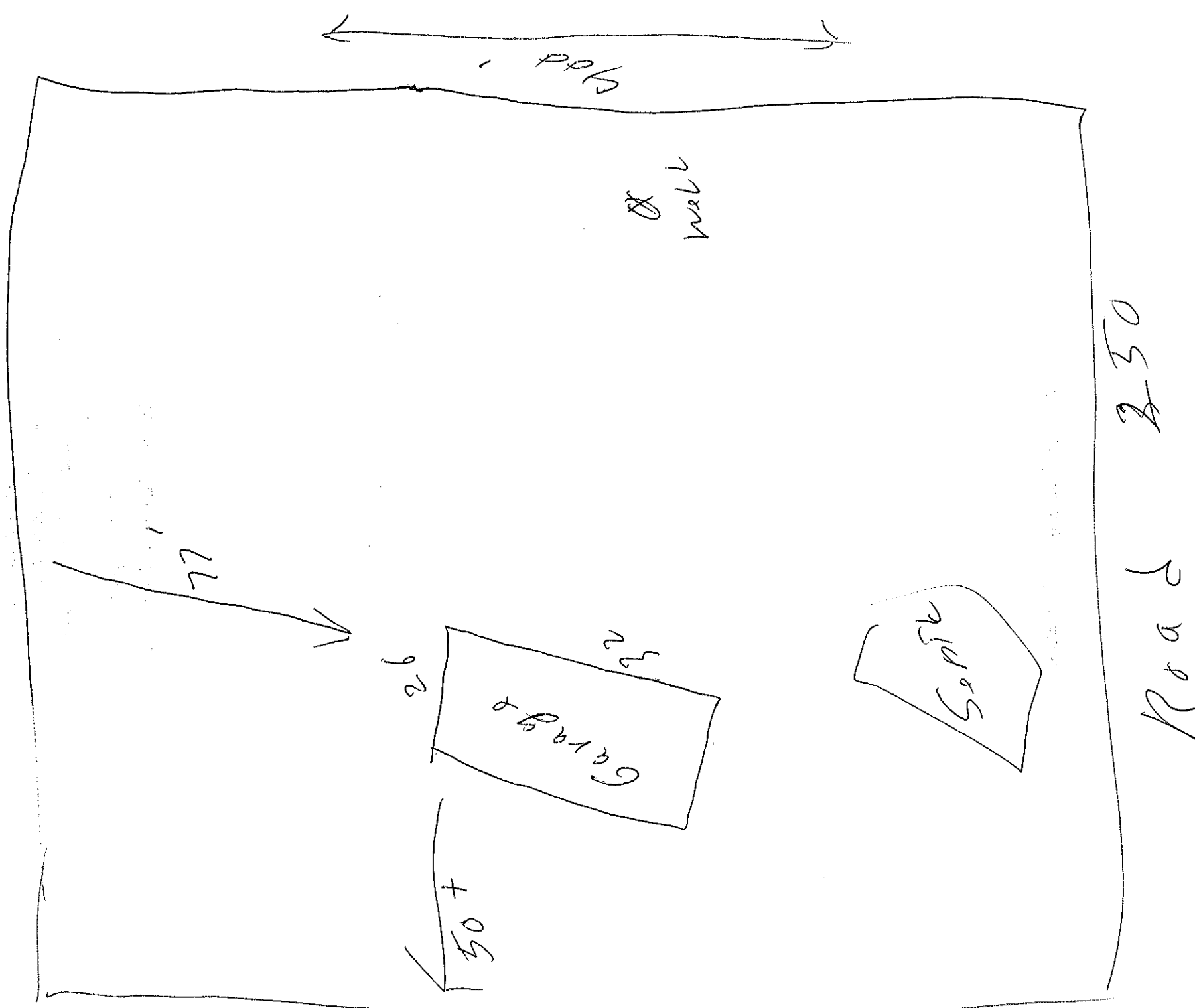
\$125

Application No: 10-0475
 Date: _____
 Zoning District RRB Class 1
 Amount Paid: \$125
11-19-10
mg

18

18

125' a
Permit
Lake
375'



300'

100'

Road 250'

Garage
26' x 22'

Septic

Well

77'

50'