

Class A

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

RECEIVED  
DEC 20 2010

Application No: 11-0010  
Date:   
Zoning District: RRB, Class 1  
Amount Paid: \$175  
12-22-10  
mg

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 1/4 of 1/4 of Section 21 Township 43 North, Range 6 West, Town of Nauskagon  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 1.56

Volume 706 Page 284 of Deeds Parcel I.D. 04-034-2-43-06-21-1 00-321-15000

Property Owner Firway Inc  
Address of Property 42815 Lake Ridge Rd  
Cable, WI 54821

Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
Plumber \_\_\_\_\_  
Authorized Agent Barbara Popelka (Phone) 798-3386

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing   
Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_  
Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

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

Type of Septic/Sanitary System Conu  
 Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_

Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_

Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_

Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) Short term Rental

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_

External Improvements to Principal Building (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (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) Barbara Popelka Date 12-16-10

Address to send permit 13540 Tree Line Rd, Cable, WI 54821

ATTACH

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

Permit issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 1/14/11 Permit Number 11-0010 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: \_\_\_\_\_

By M. Futek Date of Inspection 12-30-10

Mitigation Plan Required: Yes  No

Variance (B.O.A.) # \_\_\_\_\_

Condition: All TBA

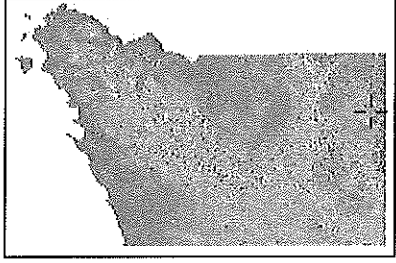
Signed Michael Futek 1-14-11  
Inspector

Rec'd for Issuance Date of Approval

JAN 14 2011

Secretarial Staff

**Firway Inc. Aerial Map**



BAYFIELD COUNTY

0 0.01 0.02 mi