

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

**B** RECEIVED  
 OCT 21, 2010  
 Bayfield Co. Zoning Dept.

Application No. 11-0001  
 Date: \_\_\_\_\_  
 Zoning District R-RB  
 Amount Paid: ✓

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 21 Township 43 North, Range 6 West, Town of Namakagon  
 Gov't Lot 1 Lot 2 Block \_\_\_\_\_ Subdivision Woodroe Duplex CSM # 762 Acreage 1.532  
 Volume 726 Page 9 of Deeds Parcel I.D. 04-034-2-43-06-21-1 05-001-05000  
 Property Owner Diane Bennett Contractor self (Phone) \_\_\_\_\_  
 Address of Property 42415 Forest Ridge Rd Plumber \_\_\_\_\_  
Cable, WI 54821 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone 794-2400 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing   
 Fair Market Value \_\_\_\_\_ Square Footage 1364  
 USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch 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) \_\_\_\_\_

Written Authorization Attached: Yes  No   
 Distance from Shoreline: greater than 75'  75' to 40'  less than 40'   
 Basement: Yes  No  Number of Stories 1  
 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
 Type of Septic/Sanitary System CONU (5 BOX.00K)  
 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) Short-term Rental  
 External Improvements to Principal Building (explain) 2 units  
 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) Diane Bennett Roe Date 10-21-10

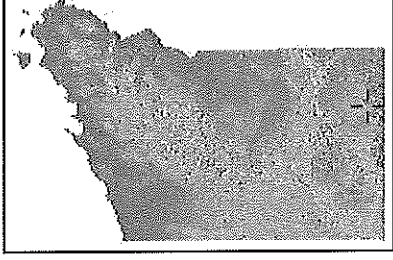
Address to send permit same as above

\* See Notice on Back  
 Address to send permit same as above ATTACH  
 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 227871 Date 1998  
 Date 01/04/11 Permit Number 11-0001 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structures are existing By M. Furtak Date of Inspection 12-2-10  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Need user and look & chain on septic tank.  
Also per Town as listed on Affidavits / minutes  
1998 # 957 & permit card Signed Michael Furtak 12-29-10  
 Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_  
 Rec'd for Issuance \_\_\_\_\_

**Bennett Aerial Map**



BAYFIELD COUNTY

0 0.01 0.02 mi

