

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

OCT 20 2010

Application No.: 11-0017
Date: _____
Zoning District: RRB, Class I
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 480 Lot 3+10 Block _____ Subdivision Young's Assessors Plat Acreage .26+ .40
Volume 426 Page 338 of Deeds Parcel I.D. 04-034-2-43-06-21-1 00-321-03000

Property Owner Ray A. Ebert Contractor _____ (Phone) _____
427 42870 _____ Plumber _____
Address of Property 42800 Lake Ridge Rd Authorized Agent _____ (Phone) _____
Cable, WI 54821 _____
Telephone 786-1046 _____ (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 Square Footage _____
Fair Market Value _____
Type of Septic/Sanitary System Con
 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 rentals
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

* Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
 * 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) [Signature] Date 19 Oct 10
Address to send permit W3763 W. River Rd West Salem WI 54669 ATTACH Copy of Tax Statement Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

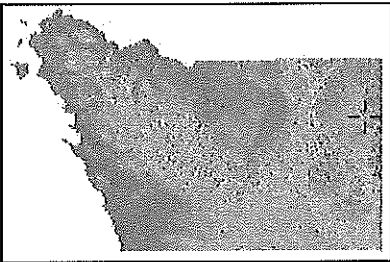
Permit Issued: _____ State Sanitary Number _____ Date _____
Date 1/31/11 Permit Number 11-0017 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structures are existing. Sub-standard lots fused to each other.
By M. Funtak Date of Inspection 10-26-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____

Signed Michael Funtak Inspector
Date of Approval 10-27-10

Ebert Adjoining Property Owners Map



0 0.01 0.02 mi



BAYFIELD COUNTY