

Class A

\$175

ENTERED

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

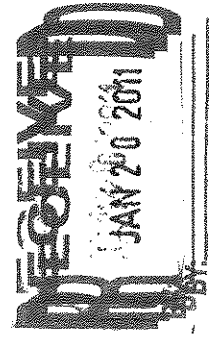
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Application No.: 11-0018

Date: _____

Zoning District: R-1 Class 1

Amount Paid: \$175 1/24/11
mg



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 SE 1/4 of NE 1/4 of Section 8 Township 43 North, Range 6 West, Town of Namakagon

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # 20

Volume 767 Page 231 of Deeds Parcel I.D. 04-034-2-43-06-28-1 04-000-10000

Property Owner James Gresko Contractor _____ (Phone) _____

Address of Property 20985 Dam Rd. Plumber _____

Cable, WI 54821 Authorized Agent Mike Best (Phone) 558-4014

Telephone 798-5971 (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 _____

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) _____

Special/Conditional Use (explain) Short Term Rental

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Owner or Authorized Agent (Signature) _____ Date 1-18-11

Address to send permit PO Box 802 Hayward WI 54845

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number 486330 Date 11/22/05

Date 2/10/11 Permit Number 11-0018 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing

By M. Furtak Date of Inspection 1-27-11

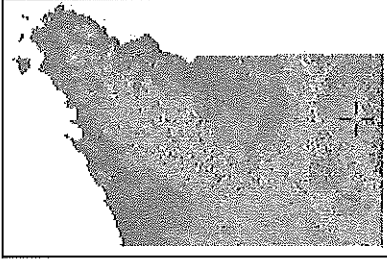
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: see TBA

Signed Michael Furtak Date of Approval 1-28-11

Inspector _____

Gresko Aerial/Wetland Map



BAYFIELD COUNTY

