

\$2,100

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  
APR 13 2011

Bayfield Co. Zoning Dept.

ENTERED  
Application Number: 11-0061  
Date: \_\_\_\_\_  
Zoning District: RRB Class 1  
Amount Paid: \$2,100.00 4/13/11 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: W1/2 of 53+ lots 54-55 1/4 of Section 14 Township 43 North, Range 6 West Town of Namakagon  
Gov't Lot 11 Lot 2 Block 2 Subdivision Namakagon Lakeshore CSM # 1711 V.10.2.119 Acreage .89

Volume 1045 Page 670 of Deeds Parcel I.D. 04-034-2-43-06-14-2 00-275-56200  
Property Owner: Susan & Alan Moon Trust Contractor: Joe Selavi 715 795-2624 (Phone)

Address of Property XXX Gy Hwy D Pumper: Rysausson 318-438-0108 (Phone)  
Cable, WI 54821 Authorized Agent: Joe Selavi

Telephone 507-248-9662 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Written Authorization Attached: Yes  No

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 \_\_\_\_\_  Basement: Yes \_\_\_\_\_ No  Number of Stories 1 1/2  
Fair Market Value \$700,000 Square Footage 5,616  Sanitary: New  Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
USE: \_\_\_\_\_ Type of Septic/Sanitary System Mound

Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_  
 Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Deck sq. ft. \_\_\_\_\_  
 Residence w/attached garage (# of bedrooms) 5  Commercial Principal Building \_\_\_\_\_  
Residence sq. ft. 4,136  Commercial Principal Building Addition (explain) \_\_\_\_\_  
Garage sq. ft. 13'x20' = 260  Commercial Accessory Building (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) Back 13'x20' = 260  Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) garage - deck 30'x39' = 1170  Special/Conditional Use (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) car 13'x20' = 260  External Improvements to Principal Building (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  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) [Signature] Date 3-22-11

Address to send permit Selavi Building, 11589 S. Cty Rd. Y, Solon Springs WI 54873 ATTACH Copy of Tax Statement or  
WI 54873 (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 10-1445 Date 4-14-11  
Date 4/20/11 Permit Number 11-0061 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
Inspection Record: We checked. Met with the truck. Property lines presented representations By M. Furtak Date of Inspection 4-12-11  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: We attached Mitigation affidavit. Stormwater plan required of driver way will be secured.  
Signed [Signature] 4-13-11  
Inspector Michael Furtak Date of Approval \_\_\_\_\_  
Rec'd for Issuance \_\_\_\_\_

