

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
MAR 18 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0053
Date: 8/2/2011
Zoning District: F-1/Class 3
Amount Paid: -N/A-

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 NW 1/4 of Section 21 Township 43 North, Range 6 West Town of Nawahegon
Gov't Lot 5W Lot Block Subdivision Parcel I.D. 04-234-2-43-26-21-2 CSM # 04-000-10000
Acreege ± 3.8 64

Volume 621 Page 269 of Deeds Parcel I.D. 04-234-2-43-26-21-2 03-200-10000

Property Owner Nawahegon Co Inc, Contractor: Mercedesen Hofer/415 (Phone)

Address of Property 21310 Forest Ridge Rd Plumber: _____

Cable Lot 54821 Authorized Agent Phil Resmusser (Phone) 715-794-256

Telephone 715-794-2561 (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 _____

Fair Market Value Square Footage Sanitary: New Existing Privy City _____

USE: Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ External Improvements to Accessory Building (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) New-wetfall's mine

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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) Phil Resmusser Date 3-17-11
Address to send permit 21540 Cty Hwy M, Cable WI 54821 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 _____ Date _____

Date 8/2/2011 Permit Number 11-0053 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Permanently missed over. Some slopes > 20% Date of inspection 3-17-11

By AM. Furbach Variance (B.O.A.) # _____

Mitigation Plan Required: Yes No

Condition: See Zoning decision & affidavit 10 yr duplicate

Rec'd for Issuance and mining only with the area they needed. Signed Michael Furbach Date of Approval 3-23-11

AUG 1 2011

Secretarial Staff

EXPIRES 8/2/2011

30 May 5/19/11

SENT BY 2011