

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 23 2012

Bayfield Co. Zoning Dept.

Application No: 12-0097
 Date: 5-3-12
 Zoning District: RFB, Class 1
 Amount Paid: \$300.00 PDS
4/25/12

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 1/4 of Section 2 Township 43 North, Range 4 West, Town of Namanakagon
 Gov't Lot 5 Lot 3 Block _____ Subdivision W.2, P.91 CSM # 81 Acreage 1.573

Volume 1043 Page 706 of Deeds Parcel ID. 04-034-2-43-04-02-3-05-205-5660

Property Owner: GENE DUBIEL Contractor: PAUL YERGEN DUMAS (Phone) 507-273-8127
 Address of Property: 45040 CTY HWY D Plumber: NBR PILES PUMPKIN

Telephone: 715-794-2284 (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 _____
 Fair Market Value \$100,000 Square Footage 4800
 USE: _____ Type of Septic/Sanitary System: Holding Tank

* Residence or Principal Structure (# of bedrooms) 4,200
 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) 60x70
 Residential Accessory Building (explain) SEWER BACKUP

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 their purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 4/4/12
 Address to send permit 2083 STARBUCKST DR SW RICHMOND, MN 57302 ATTACH _____
 * See Notice on Back Copy of Tax Statement or _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

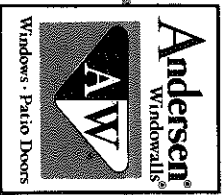
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Permit Number 12-0097 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: well staked. Michael's of hands. Property Linn's previous representations. BY MM Furtak Date of Inspection 4-27-12

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Not to be used for human habitation. No water under pressure in structure

Rec'd for Issuance: _____ Signed: Michael Furtak Date of Approval: 4-30-12
AK 70
124
5/3/12



Come home to quality.
Come home to Andersen.



RL
507-2
WI Lic #
100874

DATE

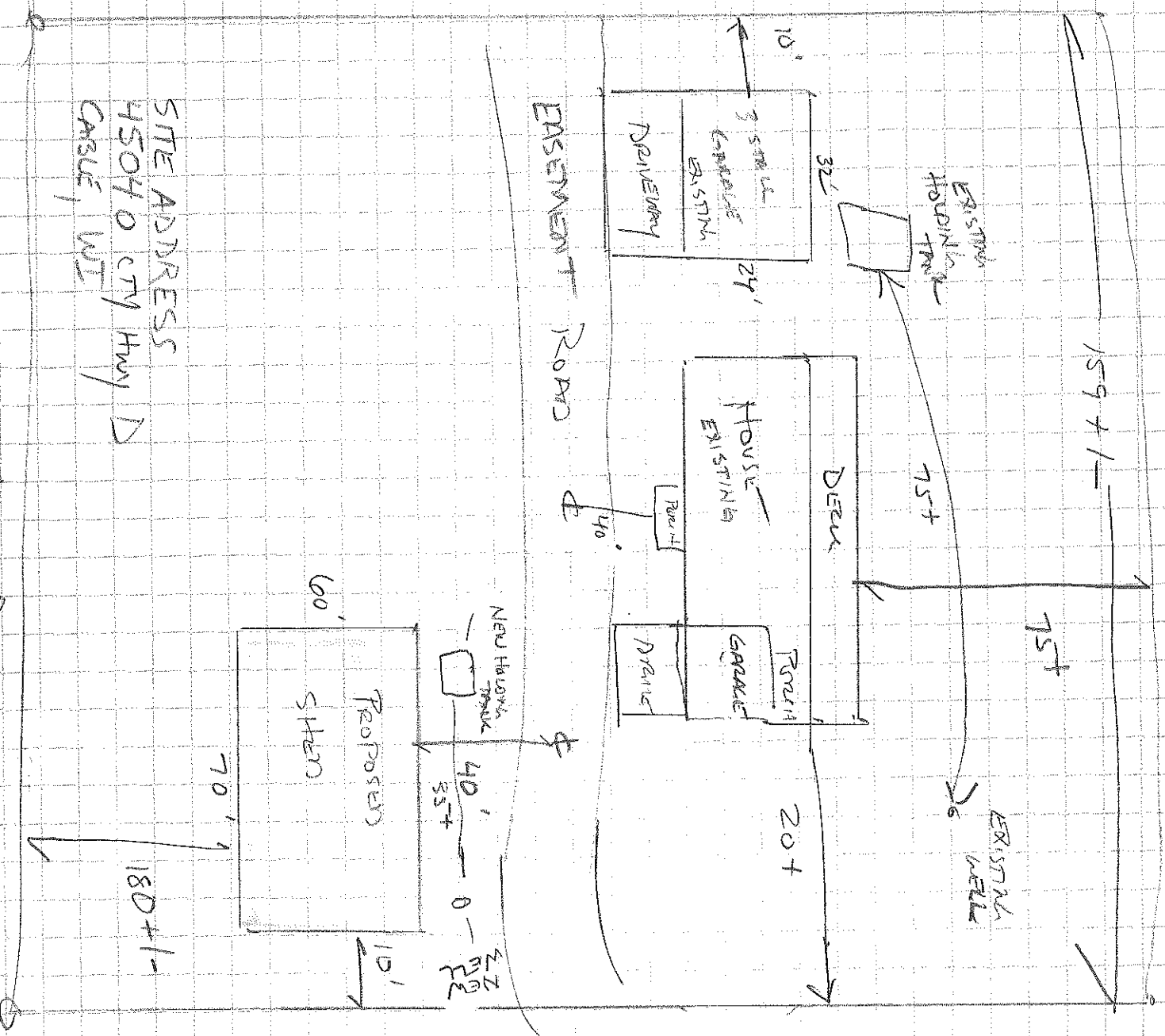
4/25/12

JOB

GENE DUBIER

(NOT TO SCALE)

LAKE NAMAQUAGON



SITE ADDRESS
45040 CTY Hwy D
CABLE, WI

CTY Hwy D