

**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**  
 AUG 19 2009  
 Bayfield Co. Zoning Dept.

Application No.: 09-0528  
 Date: \_\_\_\_\_  
 Zoning District: P-1/i  
 Amount Paid: \$75.00 8/24/09  
ROS

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 30 1/4 of Section 50 Township 8 North, Range 8 West, Town of Port Wing  
 Gov't Lot 5 Block \_\_\_\_\_ of Deeds \_\_\_\_\_ CSM # 13473 Acreage 0.56

Volume \_\_\_\_\_ Page \_\_\_\_\_ Parcel I.D. 08-042-2-50-08-30-2 05-002-02008  
 Property Owner Jay & Marcy Engstrom Contractor Pooler Construction (Phone) \_\_\_\_\_  
 Address of Property 7460 Quarry Shores Rd. Plumber \_\_\_\_\_  
Port Wing WI 54866 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-774-3102 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing   
 Fair Market Value 13,000.00 Square Footage 916  
**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) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) \_\_\_\_\_  
 External Improvements to Principal Building (explain) FEAR FOUNDATION  
 External Improvements to Accessory Building (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OF 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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

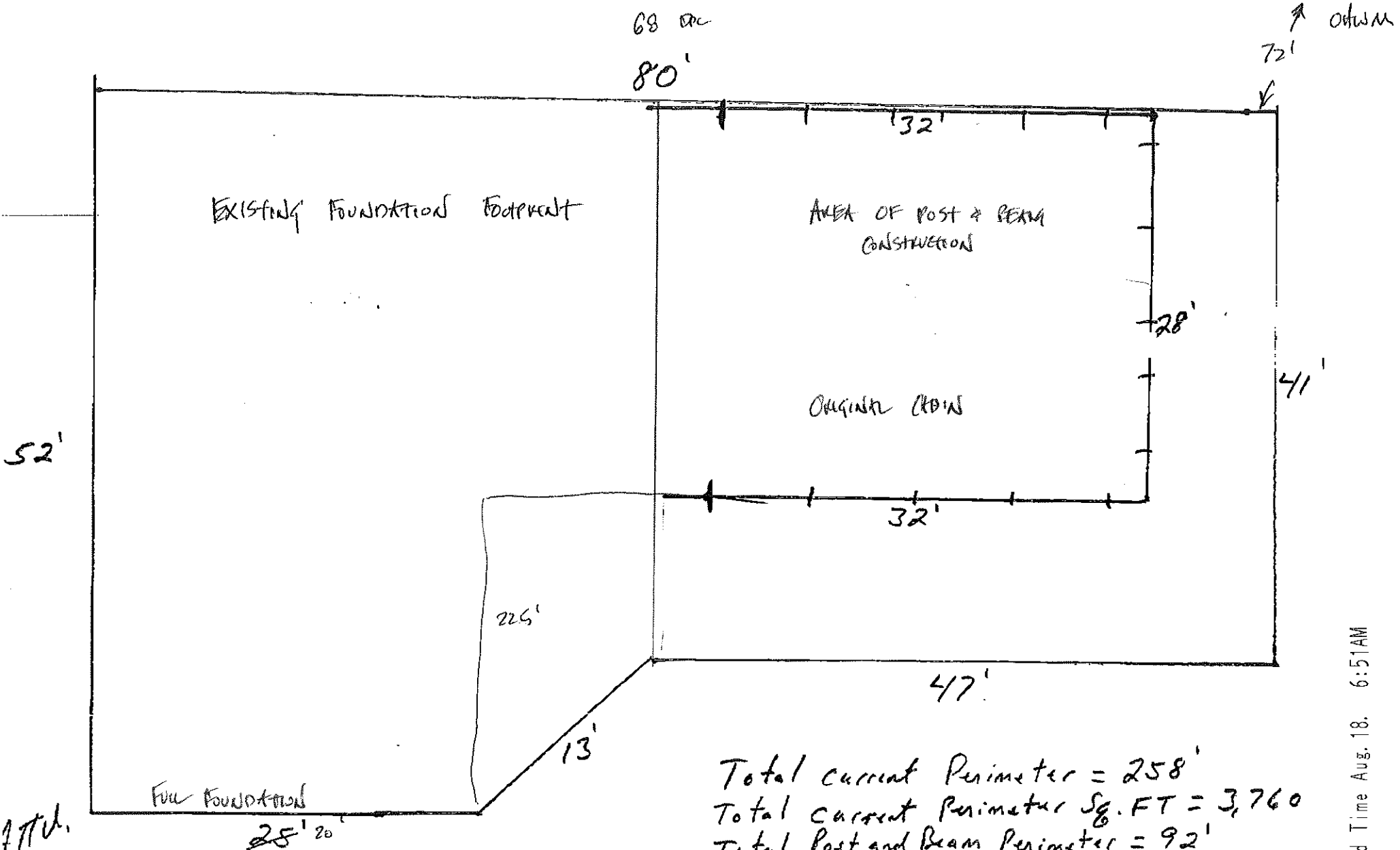
Owner or Authorized Agent (Signature) Marcy Engstrom Date 8-19-09  
 Address to send permit 7460 Quarry Shores Rd Port Wing WI 54866 ATTACH  
 Copy of Tax Statement or  
 Attach a Copy of Recorded Deed

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 11/2/09 Permit Number 09-0528 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Re-Examined & Not Conformity Square Revised Structure Needs REVISIONS > 25%  
OF UNDER GRAMETER By POC Date of Inspection 9-6-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # 09-108  
 Condition: Per B.O.A.

Signed [Signature] Rec'd for Issuance 9-6-09 Date of Approval \_\_\_\_\_  
 Inspector NOV 2, 2009  
 Secretarial Staff

TOTAL AMOUNT OF FOUNDATION REPAIRS = 224 FT  
 PROPOSED AMOUNT OF FOUNDATION REPAIRS = 92 FT (39%)  
 25% OF FOUNDATION = 59 FT



77th.  
 Doug Casina - Drawing is not to Scale but measurements are correct. Not sure what exact measurements you needed so I listed all here for you.

- Total current Perimeter = 258'
- Total current Perimeter Sq. FT = 3,760
- Total Post and Beam Perimeter = 92'
- Total Post and Beam Perimeter Sq. FT = 896
- Total 2nd Floor Perimeter = 96'
- Total 2nd Floor Perimeter Sq. FT = 560
- Total Basement Perimeter = 128'
- Total Basement Perimeter Sq. FT = 1,008

Thank You  
 Jay Engstrom  
 7460 Quarry shores Rd. 612.889.5581  
 Port Wine WI

Received Time Aug. 18. 6:51AM

