

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

REG EIVE  
MAY 28 2008  
Bayfield Co. Zoning Dept.

Application No. 08-0211  
Date: \_\_\_\_\_  
Zoning District RRB, Class 2  
Amount Paid: \$189.00 PDS  
5/29/08

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 \_\_\_\_\_  
Legal Description SW 1/4 of NE 1/4 of Section 3 Township 43 North, Range 7 West, Town of Cable  
Gov't Lot 10 Block \_\_\_\_\_ Subdivision East Lake CSM # \_\_\_\_\_ Acreage 1.0  
Volume 200 Page 148 of Deeds Parcel I.D. # 012-1179-08 Use Tax Statement for Legal Description \_\_\_\_\_

Property Owner Ann Bartocci Contractor Jenkins Const. Inc (Phone) 798-3827  
Address of Property 16550 South Tahkodah Lk Rd. Plumber A. Rosmussey & Sons  
Cable, WI 54821 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 798-3829 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
Estimated Cost of Construction 63,000.00 Square Footage 1068 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
USE: \_\_\_\_\_

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
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) add 10x28 to house
- Residential Accessory Building (explain) add garage to house
- 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 the purpose of inspection.

Owner or Authorized Agent (Signature) Ann M. Bartocci Date 5/26/08  
Address to send permit P.O. Box 274, Cable, WI 54821 ATTAICH  
Copy of Tax Statement   
If you previously purchased the property Attach a Copy of Recorded Deed

\* See Notice on Back

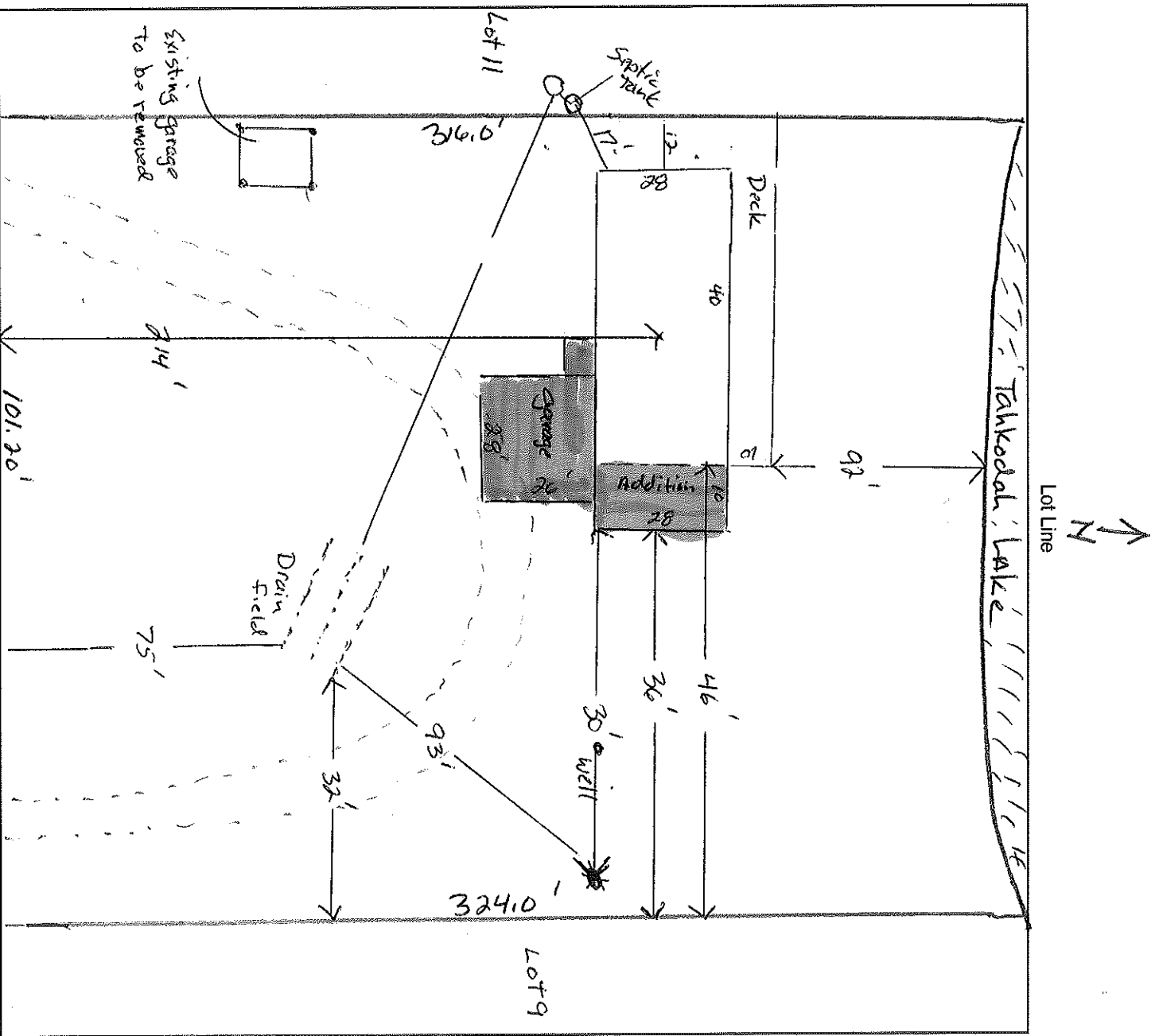
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 6-5-08 Permit Number 08-0211 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Well installed. Meet all setbacks. 3 fused lots of record.  
By M. Furtak Date of Inspection 6-3-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_

Signed Michael Furtak 6-4-08 Date of Approval \_\_\_\_\_  
Inspector \_\_\_\_\_ Rec'd for Issuance \_\_\_\_\_

JUN 05 2008

Secretarial Staff



Name of Frontage Road ( South Tahkodah Lake Road )

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
  - a. Building to all lot lines
  - b. Building to centerline of road
  - c. Building to lake, river, stream or pond
  - d. Septic tank to closest lot line
  - e. Septic tank to building
  - f. Septic tank to well
  - g. Septic tank to lake, river, stream or pond
  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
  - k. Drain field to closest lot line
  - l. Drain field to building
  - m. Drain field to well
  - n. Drain field to lake, river, stream or pond.
  - o. Well to building

**IMPORTANT**  
 DETAILED PLOT PLAN  
 IS NECESSARY. FOLLOW  
 STEPS 1-7 (a-o) COMPLETELY.

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

ENTERED

\$ 250

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED

MAY 28 2008

Application No.: 08-0207  
 Date: \_\_\_\_\_  
 Zoning District R-1, Class 3  
 Amount Paid: \$250.00 ROS  
5/29/08

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  
 Legal Description SW 1/4 of NE 15 Township 43 North, Range 7 West, Town of Cable  
 Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 20  
 Volume 967 Page 25 of Deeds 04-012-2-43-07-15-3 Parcel I.D. # 01-000-061001 Use Tax Statement for Legal Description \_\_\_\_\_  
 Property Owner Leroy Borsellino Contractor Self  
 Address of Property XXX Kinzie Rd Plumber Rasmussen  
Cable, WI 54821 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 798-3670 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Estimated Cost of Construction \$80,000 Square Footage 344 Sanitary: New  Existing \_\_\_\_\_  
 USE:  \* Residence or Principal Structure (# of bedrooms) 28' x 38' = 1064  Mobile Home (manufactured date) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) 2  Commercial Principal Building \_\_\_\_\_  
 Residence sq. ft. 1064 Porch sq. ft. \_\_\_\_\_  
 Deck sq. ft. 280  Commercial Principal Building Addition (explain) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) [Signature] Abraham Bonicki 5-15-08  
 Address to send permit P.O. Box 72, Cable, WI 54821 ATTACH \_\_\_\_\_  
 Copy of Tax Statement  Attach a Copy of Recorded Deed \_\_\_\_\_

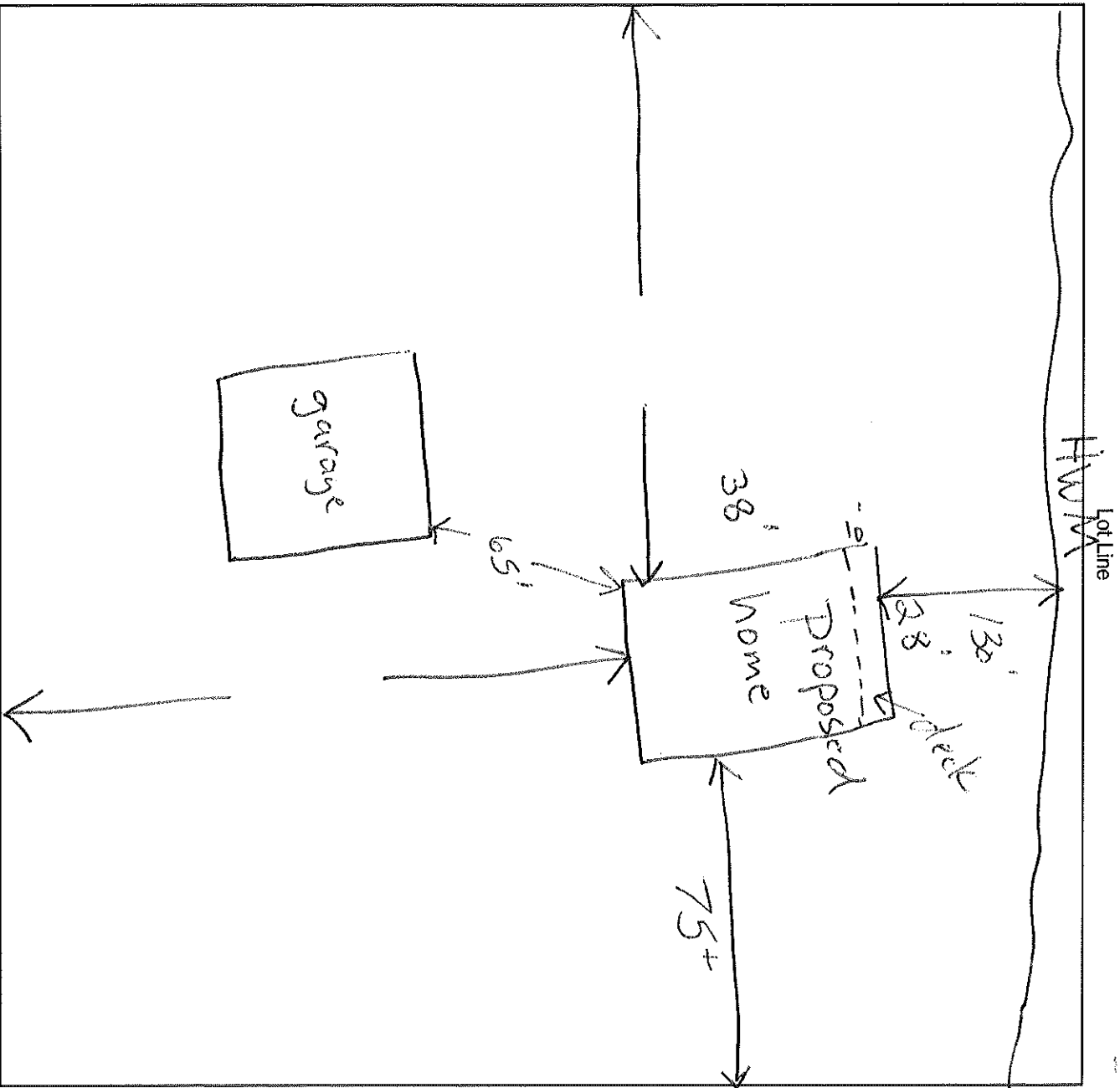
\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: \_\_\_\_\_ State Sanitary Number 08-425 Date 5-28-08  
 Date 6/4/08 Permit Number 08-0207 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations By MM Fuetak Date of Inspection 5-30-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Signed Michael Fuetak Date of Approval 6-2-08  
 Inspector \_\_\_\_\_ Rec'd for Issuance \_\_\_\_\_

JUN 4 2008

Ret'd - MF For deck on Plot Plan  
 Secretaries Office

Soam  
Deers Lake



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