

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
AUG 07 2008

Application No.: 08-0410
Date: _____
Zoning District: R-2
Amount Paid: \$75.00 ROS
8/11/08

INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept.
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 W 3/4 NE 1/4 of SE 22 1/4 of Section 43 Township 43 North, Range 8 West, Town of Cable
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.68
Volume 936 Page 250 of Deeds Parcel I.D. # 612-1124-06 Use Tax Statement for Legal Description
Property Owner George Welk Contractor George Welk (Phone) 798-4240
Address of Property 10825 Sunset Extension Plumber
Cable WI 54821 Authorized Agent _____ (Phone) _____

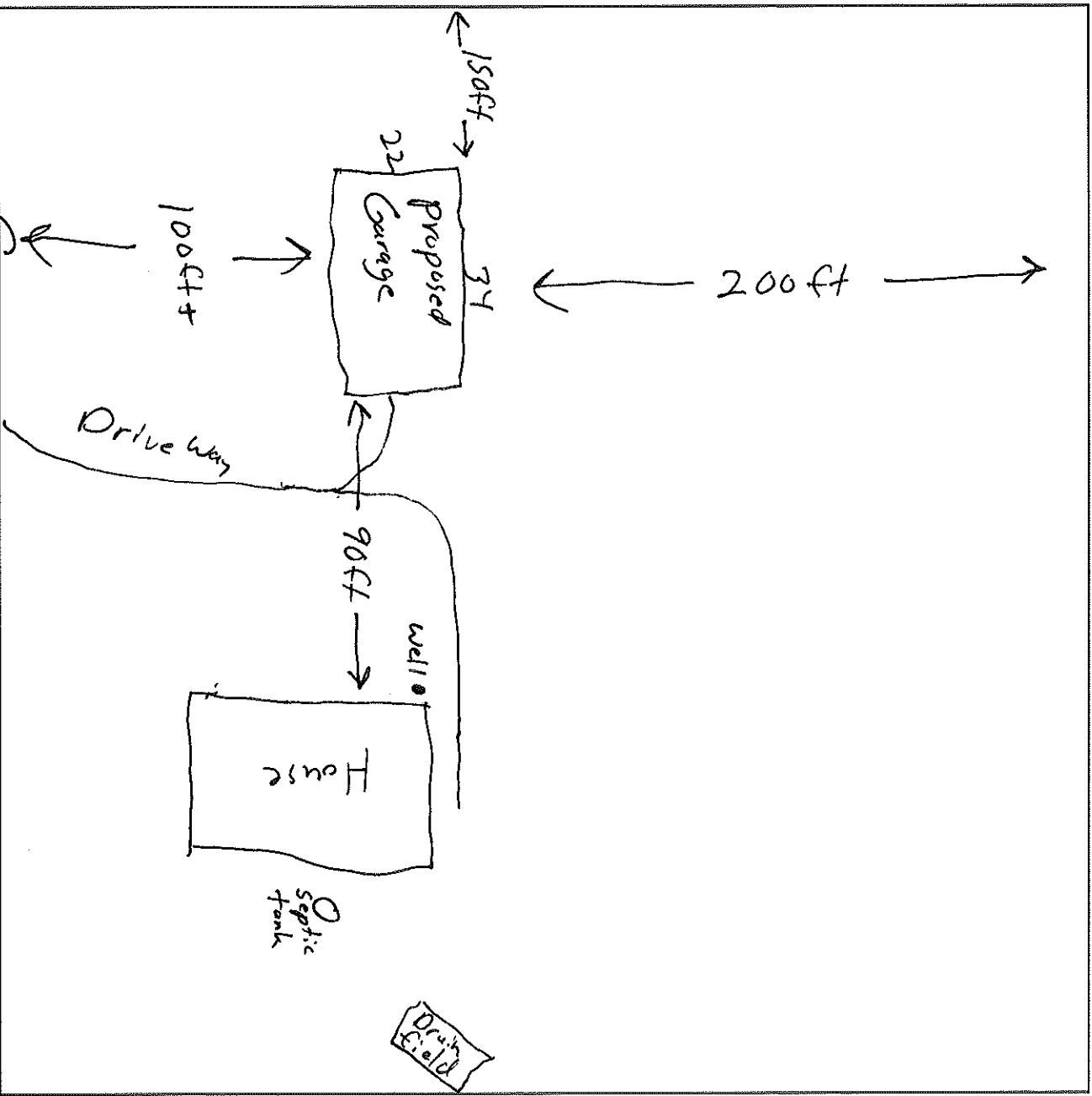
Telephone 798-4240 (Home) Same (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____
Basement: Yes _____ No Number of Stories 1
Estimated Cost of Construction \$10,000 Square Footage 748 Sanitary: New _____ Existing Privy _____ City _____
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) _____
 Residential Accessory Building (explain) 22x9# Garage
 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) George Welk Date 8/7/08

Address to send permit Same as above Date 8/7/08
* See Notice on Back
APPLICANT --- PLEASE COMPLETE REVERSE SIDE
Copy of Tax Statement ATTACH
If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 8/12/08 Permit Number 08-0410 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations. By M. Fustak Date of Inspection _____
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Not to be used for human habitation.
Signed Michael Fustak Date of Approval 8-8-08
Inspector _____ Record for Issuance _____
AUG 11 2008

Lot Line



Name of Frontage Road (Sunset ext.)

N ↓

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.

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

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P.O. Box 58
Washburn, WI 54891
(715) 573-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
AUG 07 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0409
Date: _____
Zoning District: RRB, Class 2
Amount Paid: \$170.00 EOS
8/11/08

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 NW 1/4 of SW 1/4 of Section 7 Township 43 North, Range 7 West, Town of Cable

Gov't Lot 2 Block Subdivision CSM # U,4 P.135 Acreage 1.45

Volume 445 Page 278 of Deeds Parcel I.D. # 0402-2-43-07-01-3 Use Tax Statement for Legal Description

Property Owner Maricetta Schwend Contractor Jenkins Const. Inc. (Phone) 798-3807

Address of Property 44485 Wield Rd. Plumber A Rasmussen & Sons

Cable, WI. 54821 Authorized Agent _____ (Phone) _____

Telephone 798-4097 (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 16 x 12 Existing _____ Basement: Yes _____ No Number of Stories one

Estimated Cost of Construction \$40,000.00 Square Footage 340 w/deck 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) New porch 4x12 w/ 16x12 entry
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- Mobile Home (manufactured date) _____
- 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) _____
- External Improvements to Accessory Building (explain) _____

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Owner or Authorized Agent (Signature) Maricetta Schwend Date Aug 6 2008

Address to send permit PO Box 274, Cable WI. 54821

ATTACH

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 07-465 Date 5-21-07

Date 8/12/08 Permit Number 08-0409 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines previous representations. By M. Furtak Date of Inspection 8-7-08

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed Michael Furtak 8-8-08
Inspector Paul Approval Paul Approval

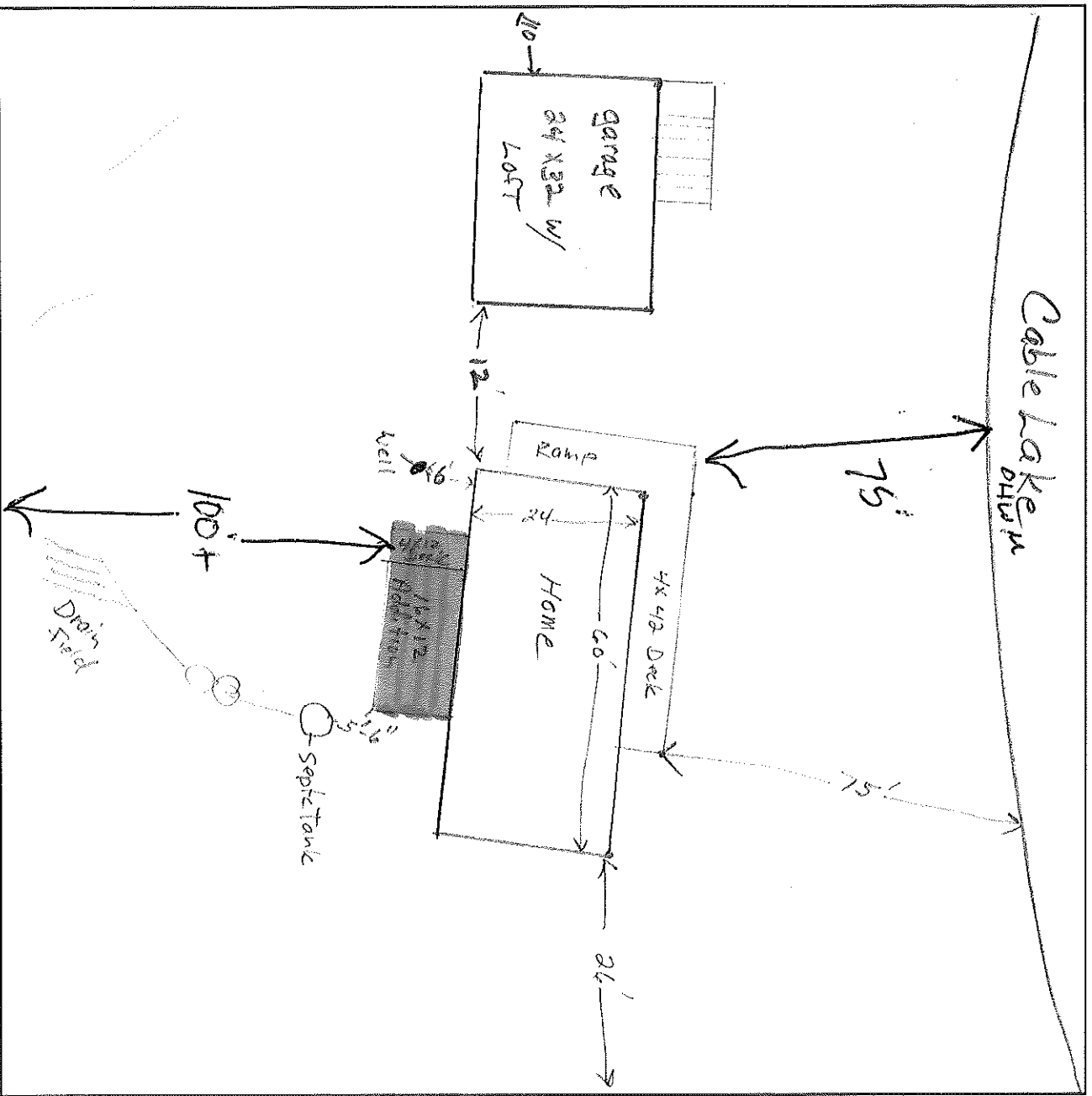
Permit Issued

AUG 11 2008

Secretarial Staff

ENTERED

Lot Line



Name of Frontage Road Waldrd

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.
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6. Show the approximate location of any wetlands or slopes over 20 percent.
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 - 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

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**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

RECEIVED

OCT 21 2004

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LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Legal Description 2 E 1/2 718x99 1/4 of Section 4 Township Lake North Range 7 West. Town of Cable
Gov't Lot 2 Lot 18x99 Block Beauty Rest Condos in Crafts Resubdivision CSM # 2.59

Volume 746 Page 261 of Deeds Parcel I.D. # 012-481-03006 Use Tax Statement for Legal Description

Property Owner Tim Markenson Contractor Scott B. WRO (Phone) 715-798-2364
Address of Property 45715 Crafts Pt Rd Plumber N/A
Cable, WI 54821 Authorized Agent Scott B. WRO (Phone) 715-798-2364

Telephone 763-560-4455 (Home) 612-366-1059 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: 75' or greater <75' to 40' less than 40'

Structure: New Addition Existing Basement: Yes No Number of Stories 1

Estimated Cost of Construction 39200 Square Footage 1100 Sanitary: New Existing Privy City

USE:

- Residence (# of bedrooms) _____ (# of bedrooms)
- Residence w/deck-porch (# of bedrooms) _____
- Residence w/attached garage (# of bedrooms) _____
- Residential Addition/Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- External Improvements to Principal Building (explain) Change pitch Roof windows Siding
- Mobile Home (manufactured date) _____ (# of bedrooms)
- 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 Accessory Building (explain) _____

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Owner or Authorized Agent (Signature) Scott Markenson Date 20 Oct 04

Address to send permit 19720 Pioneer Rd Cable WI 54821

** ATTACH Copy of Tax Statement or Recorded Deed (if new owner)

APPLICANT --- PLEASE COMPLETE REVERSE SIDE

OFFICE USE ONLY

Permit Issued: State Sanitary Number _____ Date _____

Permit Number 08-0418 Date 08-14-08 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Non-conforming structure in Condo 20' < from OHWM of

Lake Owen By M. Fustak Date of Inspection 10/20/04

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: Per Mit plan / Advt

[175th remains / & used this permit]

Signed Michael Fustak 11/8/04
Inspector

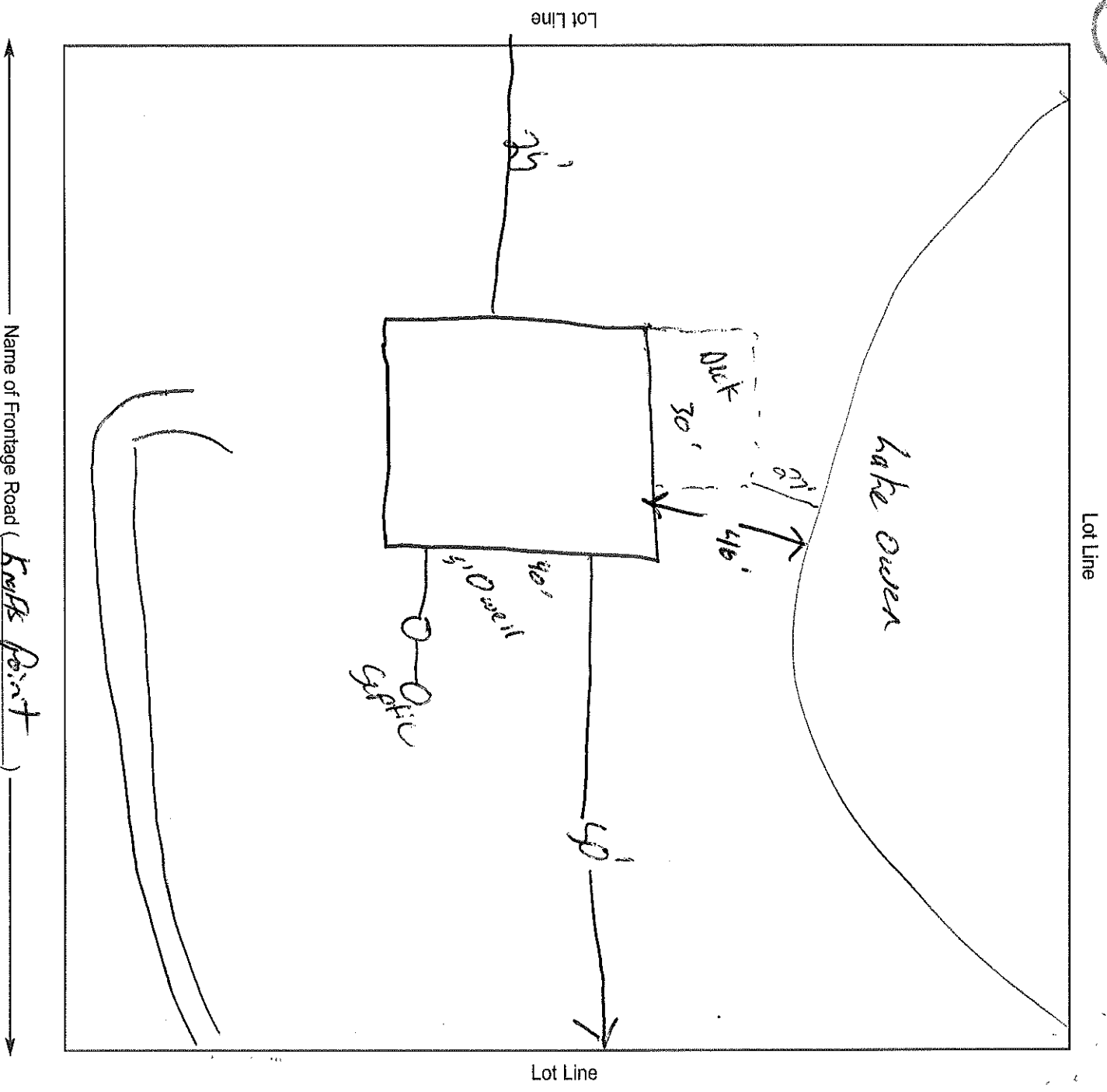
Date of Approval

Rec'd for Issuance
Aug 13 2009
Secretarial Staff

ENTERED

Office Use
Application No: 08-0418
Date: _____
Zoning District/Lakes Class: R77-1
Amount Paid: 90 - 10/20/04
Mitigation 100 / mg

New windows, Siding & Roof



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location, size and dimensions of the building.
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.
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 - 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
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