

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
FEB 13 2009
Bayfield Co. Zoning Dept.

Application No. 09-0079
Date: _____
Zoning District R-1, Class 3
Amount Paid: _____

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:

Parcel 25 of Deeds 04-02-2-43-07-15-3 Parcel I.D. 02-000-10000
Legal Description NW 1/4 of SW 15 1/4 of Section 43 Township 43 North, Range 7 West, Town of Cable
Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 47.087

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Property Owner Leroy & Salvadore Borsellino Contractor self (Phone) _____
Address of Property Cable, WI 54821 Plumber _____
Authorized Agent _____ (Phone) _____

Telephone 798-3670 (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 Square Footage _____
Fair Market Value _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 * 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) _____
 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) Home-based Business
 External Improvements to Principal Building (explain) _____
 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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Salvatore Borsellino Date 2-12-09
Address to send permit P.O. Box 72, Cable, WI 54821 ATTACH
Copy of Tax Statement of Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 4-13/09 Permit Number 09-0079 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Structure is existing By M. Futak Date of Inspection 2-19-09

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

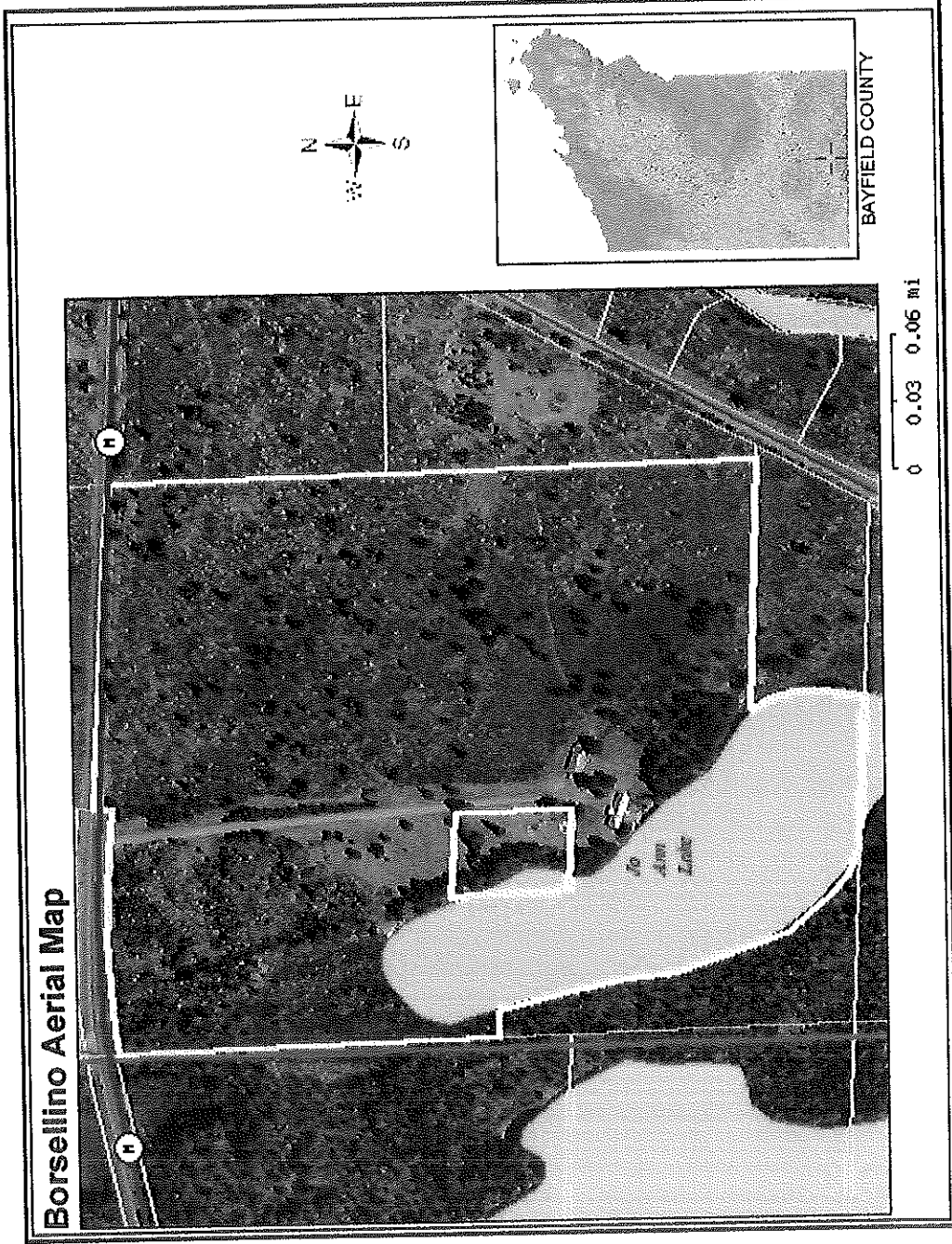
Condition: see TBA & affidavit
Signed Michael Futak Date of Approval 2-20-09
Inspector _____

Recd for Issuance

APR 13 2009

Secretarial Staff

PAID BY ZONING



SENT BY ZONING

<http://www.bayfieldcounty.org/cgi-bin/mapserv.exe?imgxy=249.5+219&imgbox=-1+-1+-...> 2/13/2009