

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 - 2 2009
 Bayfield Co. Zoning Dept.

EXPIRES
 Application No. 09-0080
 Date: _____
 Zoning District R-1
 Amount Paid: \$525 4-2-09

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 SE 1/4 of SW 1/4 of Section 19 Township 43N North, Range 7 West, Town of CABLE
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 13.51
 Volume 916 Page 896 of Deeds Parcel I.D. 012-1054-04 990

Property Owner JO ANN STAMMEN Contractor SAME (Phone) 608 254 7069
 Address of Property 42065 Randyseck Plumber Rasmussen
Cable, Wi 54821 Authorized Agent _____ (Phone) _____
 Telephone 608 254 7069 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Fair Market Value \$175,400.00 Square Footage 3508
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. 280
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. 2088 Garage sq. ft. 1040
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (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) J. Stammen Date _____
 Address to send permit 345 Unity Dr. Wis. Dells, Wi. 53965 ATACH
 * See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number 07-125 Date 2/2/07 Issued 9/27/07
 Date _____ Permit Number _____ Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Well staked. Mete all setbacks. Property lines provided representations By M. Fustek Date of Inspection 4-9-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

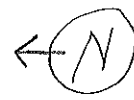
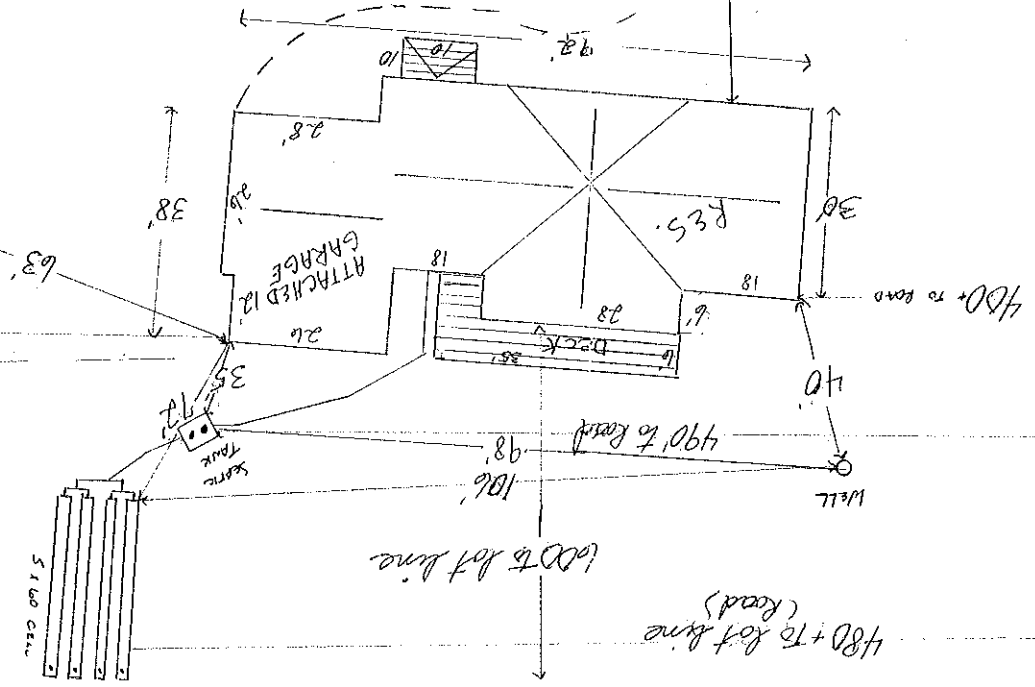
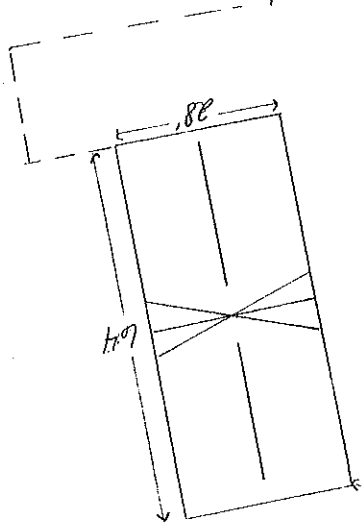
Condition: _____
 Signed Michael Fustek Inspector Date of Approval 4-15-09
 Rec'd for Issuance

APR 15, 2009
 Secretarial Staff

RANDYSSEK ROAD

270' to edge of road

PARKER ROAD



470' to lot line

460' to road

490' to road

1000' to lot line

480' to lot line (road)

ATTACHED GARAGE

R35'

DECK

SEPTIC TANK

WELL

