

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 03 2009

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 Section 23 Township 43 North, Range 7 West, Town of Cable
 Gov't Lot 97 Block _____ Subdivision LAKE LODGE CSM # 0.66
 Volume 989 Page 498 of Deeds Parcel I.D. 04-012-2-43-07-23-2 00-204-93000
 Property Owner GARY G. PERKINS VIRGINIA DEWAR Contractor GARY G. PERKINS (Phone) 715 798 5046

Address of Property 43100 LAKE LODGE DR Plumber _____
CABLE, WI 54881 Authorized Agent _____ (Phone) _____

Telephone 798 5046 (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 _____
 Fair Market Value \$2,000 Square Footage 1444
 Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Porch sq. ft. _____
 Deck(2) sq. ft. _____
 Garage sq. ft. _____
 Residential Addition / Alteration (explain) SOLICITED PORCH TO DE 12' X 12'
 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) Gary G. Perkins Virginia Dewar Date 3-2-2009
 Address to send permit 43100 LAKE LODGE DR, CABLE, WI 54881 ATTACH _____
 * 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 _____ Date _____
 Date 4/27/09 Permit Number 09-0081 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Meets all setbacks. Property lines reviewed representations by M. Fustak Date of Inspection 4-4-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Michael Fustak Inspector
 Date of Approval 4-10-09

Rec'd for Issuance

APR 15, 2009
 Secretarial Staff

