

**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**  
 JAN 07 2009  
 Bayfield Co. Zoning Dept.

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.

ENTERED

Application No.: 09-0335  
 Date: \_\_\_\_\_  
 Zoning District R-2  
 Amount Paid: \_\_\_\_\_

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_  
 Legal Description SE 1/4 of NW 1/4 of Section 24 Township 43 North, Range 8 West, Town of Cable  
 Gov't Lot 1 Block \_\_\_\_\_ Subdivision V-5 P 349 Acreage 850 9.32  
 Volume 771 Page 1045 of Deeds Parcel I.D. # 012-1130-0990 Use Tax Statement for Legal Description  
 Property Owner Robert J. Walters Contractor NA (Phone) \_\_\_\_\_  
 Address of Property 42705 Short Rd Plumber \_\_\_\_\_  
Cable, WI 54821 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone 798-4060 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 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  Basement: Yes \_\_\_\_\_ No  Number of Stories 1  
 Estimated Cost of Construction NA Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
**USE:**

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ (Mobile Home (manufactured date) \_\_\_\_\_)
- \* 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) Auto. Repair/Boat
- Special/Conditional Use (explain) Home Based Business
- External Improvements to Principal Building (explain) tree sales
- External Improvements to Accessory Building (explain) svc.

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.

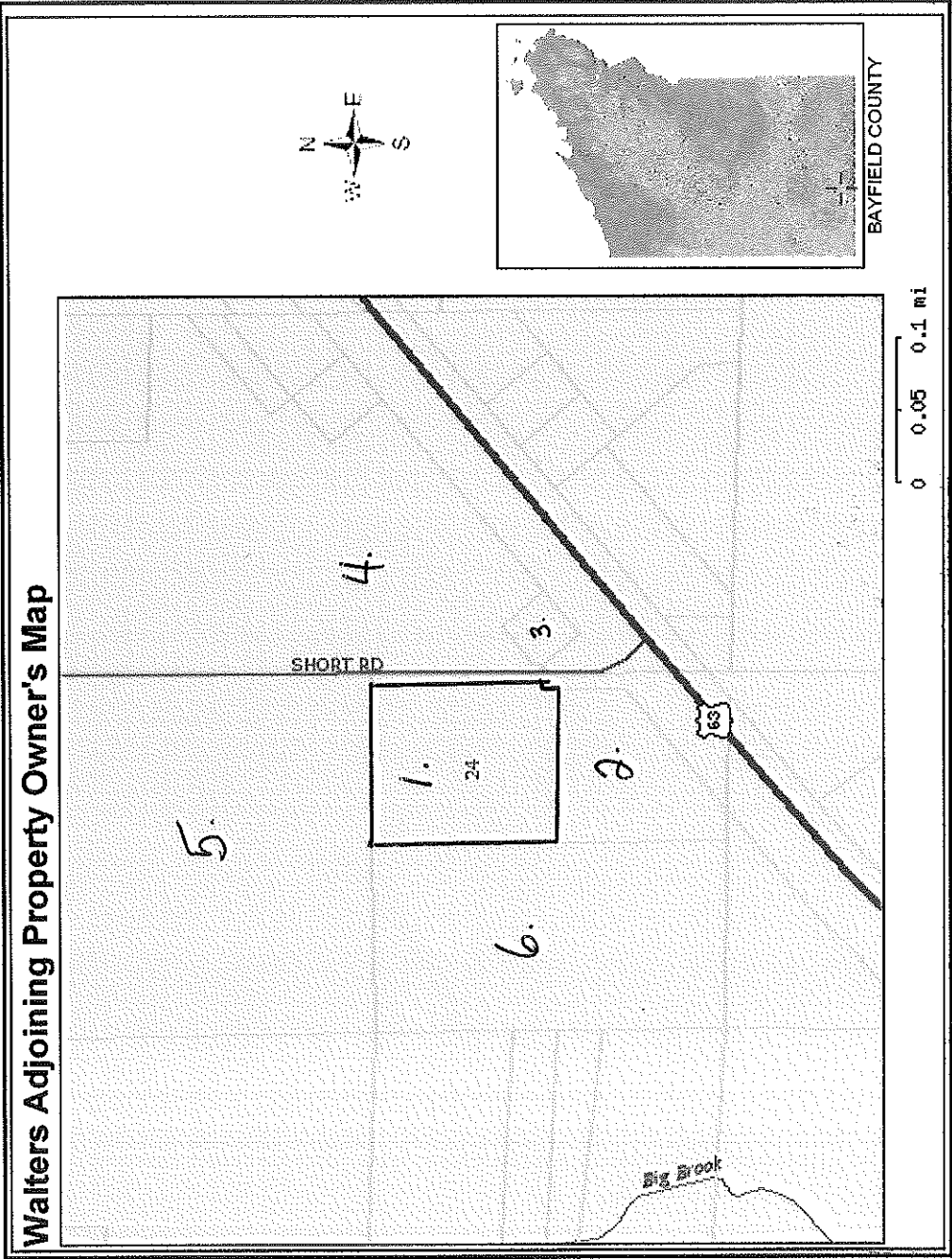
Owner or Authorized Agent (Signature) Robert Walters Date 1-5-09  
 Address to send permit 42705 Short Rd Cable, WI 54821 ATTACH  Copy of Tax Statement  
 If you previously purchased the property Attach a Copy of Recorded Deed

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

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 8/14/09 Permit Number 09-0335 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structures are existing, Meet all setbacks.  
 By M. Furtak Date of Inspection 1-8-09 Variance (B.O.A.) # \_\_\_\_\_  
 Mitigation Plan Required: Yes  No   
 Condition: No more than 3 unlic. vehicles; no accumulation of tires/debris; Permit for current owner only  
 Signed Michael Furtak 1-9-09 Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_  
**Rec'd for Issuance**

SENT BY ZONING

AUG 14 7 11 AM



- ① subject- Walters
- ② Michael Hoffman
- ③ Ray. A. Ebert
- ④ Ray A. Ebert
- ⑤ Mark & Kathleen Rasmussen
- ⑥ Mark & Kathleen Rasmussen

