

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
JUL 27 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.

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

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 3 Township 43 North, Range 7 West, Town of Cable
Gov't Lot 4+5 Lot 15-16 Block #1 East Lake CSM # 506 Acreage 0.68+ .320
Volume 782 Page 649 of Deeds Parcel I.D. 04-012-2-43-07-03-2 05-004-01000
Property Owner FERRY - KAYE MYHRE fused to 04-012-2-44-07-34-4 00-179-0000
self (Phone) 715-798-3937
Address of Property 46015 W. Tahkodah Lk Rd
Cable WI 54821 Plumber _____

Telephone 715-798-4132 (Home) 651-303-3411 (Work)

Authorized Agent _____ (Phone) 715-798-3937

Is your structure in a Shoreland Zone? Yes No If yes, _____

Written Authorization Attached: Yes No

Structure: New _____ Addition _____ Existing
Fair Market Value \$600,000 Square Footage 4,000

Basement: Yes No _____ Number of Stories 2

USE: * Residence or Principal Structure (# of bedrooms) 5 Bedrooms

Sanitary: New _____ Existing Privy _____ City _____

* Residence sq. ft. 4,000
 * Residence w/deck-porch (# of bedrooms) 5 Bedrooms.

Type of Septic/Sanitary System Tank & Chamberfield
 Mobile Home (manufactured date) _____

Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____

Commercial Principal Building _____

* Residence w/attached garage (# of bedrooms) _____

Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____

Commercial Accessory Building (explain) _____

Residential Addition / Alteration (explain) _____

Commercial Accessory Building Addition (explain) _____

Residential Accessory Building (explain) _____

Commercial Other (explain) _____

Residential Accessory Building Addition (explain) _____

Special/Conditional Use (explain) Short-term rental

Residential Other (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory 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) Kaye Myhre Date 6/28/09

Owner or Authorized Agent (Signature) _____ Date _____

Address to send permit Natalie Walter
45995 W Tahkodah Lake Rd, Cable WI 54821 ATTACH
Copy of Tax Statement of _____
(If you recently purchased the property Attach a Copy of Recorded Deed)

Address to send permit _____
Copy of Tax Statement of _____
(If you recently 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 8/24/09

Permit Number 09-0353

Permit Denied (Date) _____

Reason for Denial: _____

Reason for Denial: _____

Inspection Record: Structures are existing

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By M. Furtak

By M. Furtak

Date of Inspection 7-30-09

Date of Inspection 7-30-09

Mitigation Plan Required: Yes No

Mitigation Plan Required: Yes No

Condition: see TBA's

Condition: see TBA's

Variance (B.O.A.) # _____

Variance (B.O.A.) # _____

Signed Michael Furtak

Signed Michael Furtak

Inspector Rec'd for Issuance 7-31-09

Inspector Rec'd for Issuance 7-31-09

Date of Approval _____

Date of Approval _____

AUG 24 2009

AUG 24 2009

Secretarial Staff

Secretarial Staff

\$175

ENTERED

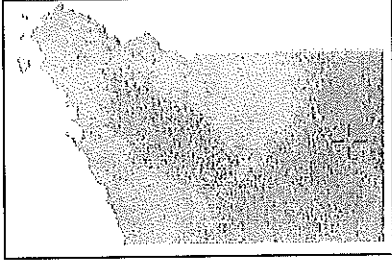
Application No: 09-0353

Date: _____

Zoning District RRB R-1, Class 2

Amount Paid: \$175 7/29/09

Myhre Aerial Map



BAYFIELD COUNTY

0 0.01 0.02 mi

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1