

1254

ENTERED 1

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

RECEIVED

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

JUN 05 2009

Application No.: 10-0003
Date: _____
Zoning District: C, RRB
Amount Paid: \$1256/909 mg

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 1/4 of Section 18 Township 43 North Range 7 West Town of Cable
Gov't Lot 1 Block 3 Assessor's Plat # 2 V.7.D.39 Acreeage .008 + 2.063
Volume 396 Page 334 of Deeds Parcel I.D. 04-012-2-43-07-18-2 00-116-03000 00-116-02900

Property Owner Robert Rosmusen Contractor self (Phone) _____
Address of Property 13400 Spruce St Plumber _____
Cable, WI 54821 Authorized Agent _____
715 Telephone 798-4797 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes.
Structure: New Addition Existing _____
Fair Market Value \$25,000 Square Footage 3840 ft
USE: 60' x 64'

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * 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) _____

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 design 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.

Ow'ner or Authorized Agent (Signature) R. Rosmusen Date 6/3/09
Address to send permit P.O. Box 570 Cable WI ATTACH
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____

Date 1/6/10 Permit Number 10-0003 Permit Denied (Date) _____

Reason for Denial: _____

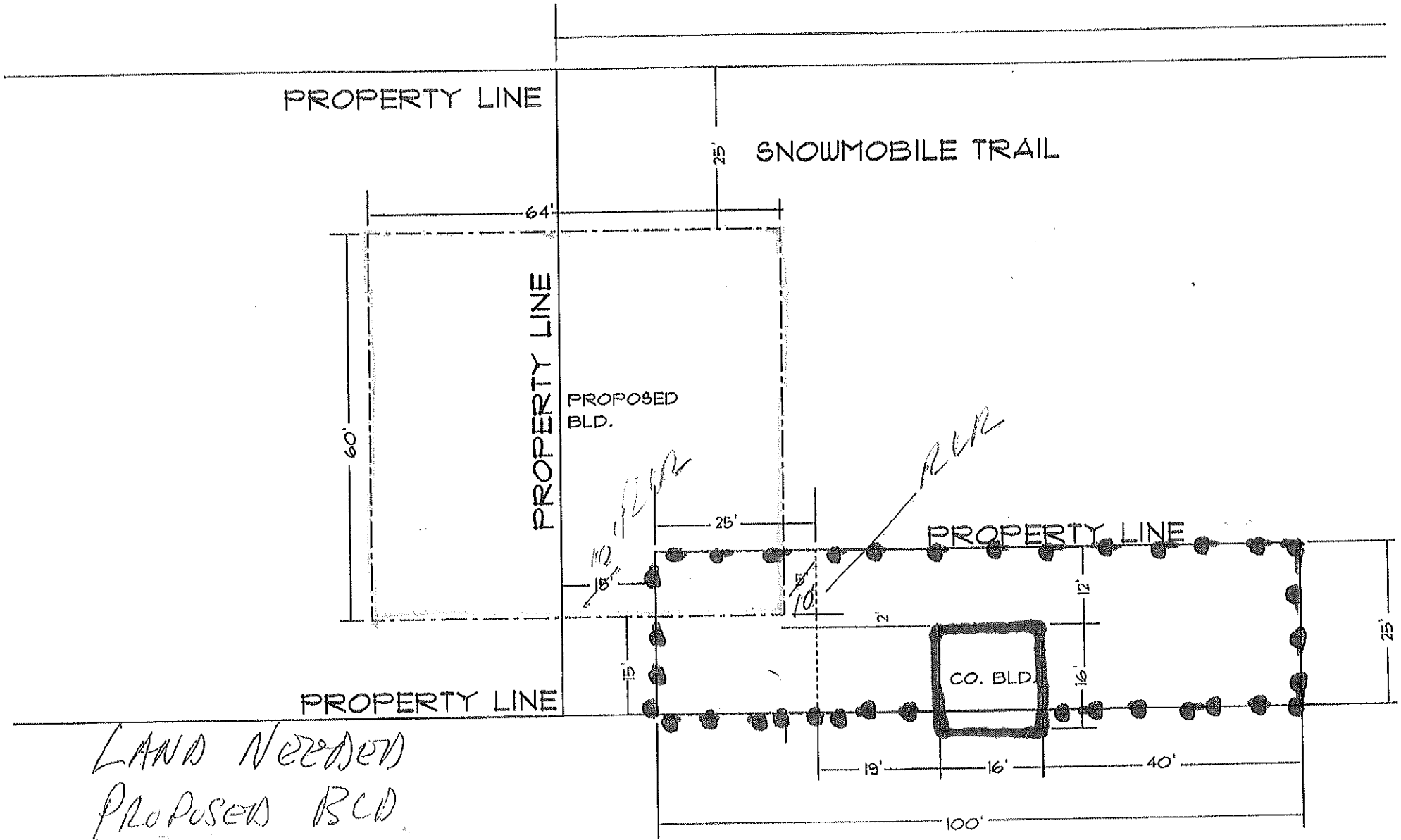
Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations By M. Furtak Date of Inspection 6-11-09

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

Condition: _____

Signed Michael Furtak Inspector
Date of Approval 6-12-09
Rec'd for Issuance

JAN 6, 2010
Secretarial Staff



LAND NEEDED
 PROPOSED BLD.
COUNTY BLD.
 LAND SOLD TO COUNTY