

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

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

RECEIVED

FEB 08 2010

Application No. 10-0019
Date: _____
Zoning District R-2
Amount Paid: \$125/2/8/10 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

part of Legal Description SE 1/4 of NW 1/4 of Section 24 Township 43 North, Range 8 West, Town of Cable
Gov't Lot _____ Lot _____ Block _____ Subdivision V.S. R. 349 CSM # 850 Acreage 9.374

Volume 771 Page 1045 of Deeds Parcel I.D. 04-012-2-43-08-24-2 04-000-10000

Property Owner Robert J. Watters Contractor self (Phone) _____

Address of Property 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 _____

Fair Market Value \$23,000 Square Footage 1200 sq Number of Stories 1
USE: _____

* Residence or Principal Structure (# of bedrooms) 30' x 40' City _____
 Mobile Home (manufactured date) _____

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) garage

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) Robert J. Watters Date 2-4-10

Address to send permit same as above 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 2/8/10 Permit Number 10-0019 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Replace garage that was destroyed by fire. Ment all
sewer lines. By M. Fustek Date of Inspection 2-4-10

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

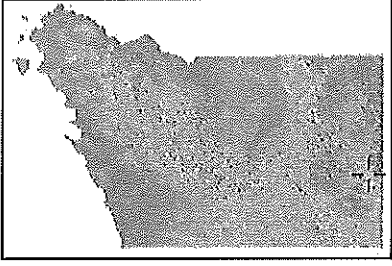
Condition: No plumbing fixtures in structure.

Signed Michael Fustek 2-8-10
Inspector Michael Fustek 2-8-10

FEB 8, 2010

Secretarial Staff

Walters Aerial Map



BAYFIELD COUNTY

0 0.01 0.02 mi

E of road 136'

N.P.L. 200'

W.P.L. 400'

S.P.L. 400'