

**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**

Application No: 10-0305  
 Date: \_\_\_\_\_  
 Zoning District: I  
 Amount Paid: /

**RECEIVED**  
**MAY 17 2010**  
 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 SW 1/4 of SW 1/4 of Section 25 Township 43 North Range 8 West Town of Cable  
 Gov't Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Volume 1037 Page 332 of Deeds Parcel I.D. 04-012-2-43-08-25-3 03-000-40000  
 Property Owner Mike La Bree Contractor \_\_\_\_\_  
 Address of Property 12040 E. Leonard School Rd  
Cable, WI 54821 Authorized Agent Rick Gruel (Phone) 798-3633  
 Telephone 798-3825 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Written Authorization Attached: Yes  No

Is your structure in a Shoreland Zone? Yes  No  **if yes.**  
 Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Fair Market Value \_\_\_\_\_ Square Footage \_\_\_\_\_  
 USE: \_\_\_\_\_

- \* 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 OR 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) [Signature] Date 5-13-10

Address to send permit 13620 W. James Rd., Hayward, WI 54843 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 10-0305 Permit Number 8/13/10 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structure is existing. By M. Furtak Date of Inspection 5-27-10  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: see ZC mtg. minutes and affidavit. No add'l condns placed.  
 Signed Michael Furtak 8-9-10 Date of Approval \_\_\_\_\_  
 Inspector \_\_\_\_\_



**Rec'd for Issuance**

AUG 13 2010

Secretarial Staff

