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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

SEP 09 2010

Application No. 10-0361
 Date: _____
 Zoning District R-1
 Amount Paid: 75 9/14/10 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

Legal Description part of SW 1/4 of NW 1/4 of Section 8 Township 43 North, Range 7 West, Town of Cable

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20

Volume 820 Page 761 of Deeds Parcel I.D. 04-012-2-43-07-08-2 03-000-20000

Property Owner Walden Rickett Contractor self (Phone) _____

Address of Property 13910 Price Lake Rd Plumber _____

Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 798-3048 (Home) _____ (Work) _____

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

Structure: New Addition Existing _____

Fair Market Value 2,500 Square Footage 560 sq ft

USE: 14' x 40'

* 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) open sided waystorage

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

External Improvements to Accessory Building (explain) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Special/Conditional Use (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (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) Walden Rickett Date 9-10-10

Address to send permit P.O. Box 523, Cable, WI 54821 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 9-15-10 Permit Number 10-0361 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per owner's representation.
 By M. Furtak Date of Inspection 9-9-10

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

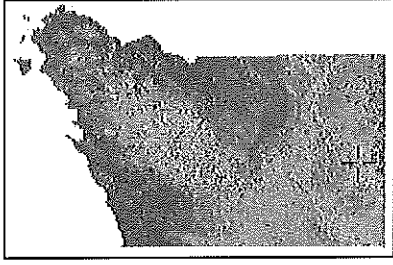
Condition: Not to be used for human habitation.

Signed Michael Furtak 9-10-10
 Inspector _____ Rec'd for Issuance/Approval _____

SEP 13 2010

Secretarial Staff

Richert Aerial Map



BAYFIELD COUNTY

0 0.02 0.04 mi