

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**  
 DEC 06 2010

Bayfield Co. Zoning Dept.

Application No.: 10-0495  
 Date: \_\_\_\_\_  
 Zoning District: R-2 Class 3  
 Amount Paid: YS  
12/13/10

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  
 S 165' of NW 1/4 of NW 1/4 of Section 24 Township 43 North, Range 8 West, Town of Cable  
 165' of S 1/2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 5.00 + 5.00  
 Volume 310 Page 120 of Deeds Parcel I.D. 04-012-2-43-08-24-2 03-000-5000  
 Property Owner 314 Mark Rasmussen  
 Address of Property Cable, WI 54801  
 Telephone 715-798- (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Contractor self  
 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

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 \$ 8,000 Square Footage 11047  
**USE:**  
 \* Residence or Principal Structure (# of bedrooms) 24x46'  
 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) \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
**Type of Septic/Sanitary System**  
 Mobile Home (manufactured date) \_\_\_\_\_  
 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) Michael Rasmussen Date 12-9-10  
 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 \_\_\_\_\_ Permit Number 10-0495 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well staked. Meets all setbacks. Property lines per owner representations. By M. Fustak Date of Inspection 12-9-10  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Not to be used for human habitation. No water under pressure in structure  
 Signed Michael Fustak Inspector Rec'd for issuance 12-10-10 Date of Approval \_\_\_\_\_  
 DEC 13 2010

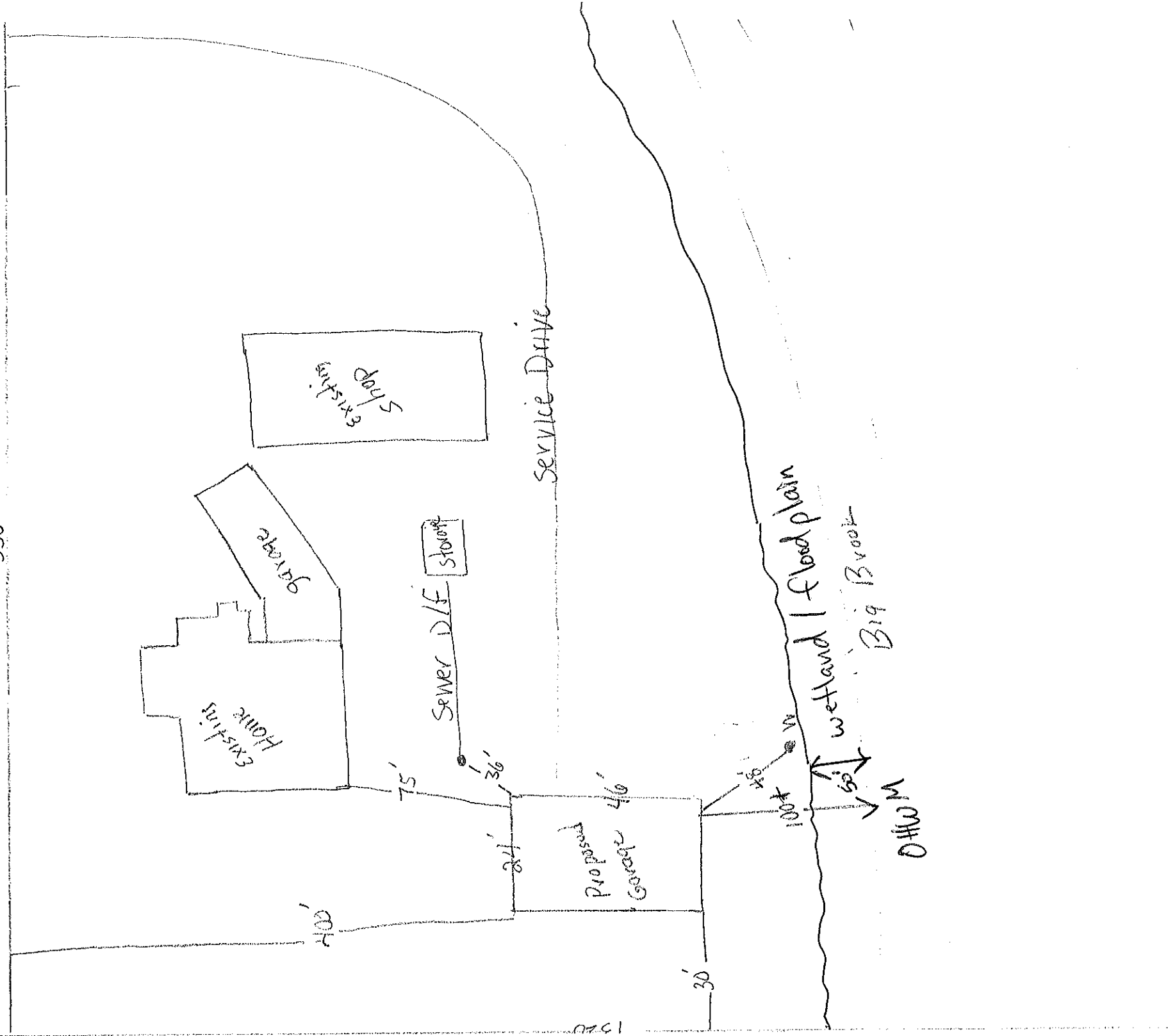
Structure on 5000

Secretarial Staff

MARK KRSINIAN

7-11-00

Cable Sunset Road  
330



Existing Home

Existing Shop

garage

Sewer D/F

Service Drive

Proposed Garage

Wetland / Flood plain

Big Brook

DHW

140'

75'

36'

24'

46'

30'

100'

45'

50'

130'