

ENTRAGED

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
NOV 03 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0614
Date: _____
Zoning District: R-RB
Amount Paid: \$125.00 205
MG/08

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
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 26 Township 48 North, Range 5 West, Town of Barksdal

Gov't Lot 2 Lot 2 Block _____ of Deeds _____ Subdivision 549 CSM # 1515 Acreage 5.49

Volume _____ Page _____ Parcel I.D. 04-002-2-48-05-26-303-000-42000

Property Owner Calae Hyde Contractor Self (Phone) _____

Address of Property 11080 Ondessegon Rd Plumber _____

Ashtland, WI 54806 Authorized Agent _____ (Phone) _____

Telephone 715-373-0412 (Home) 282-2815 (Work) _____

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New Addition _____ Existing _____

Fair Market Value 4500.00 Square Footage 144 sq ft

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) Calae Hyde Date 11-3-08

Address to send permit 30165 Co Hwy Ct Washburn, WI 54891 ATACH

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Copy of Tax Statement or

(If you recently purchased the property

Attach a Copy of Recorded Deed)

Permit Issued: _____

State Sanitary Number _____

Date _____

Date 11/6/08

Permit Number 08-0614

Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Met on-site with Calae, proposed location meets code requirements

per owner's representation. Property has spirit use permit to operate animal rescue, rehabilitation

and education facility. By Travis Taburisky

Date of Inspection 11/05/2008

Mitigation Plan Required: Yes No

Variance (B.O.A.) # _____

Condition: _____

Signed _____

Inspector Travis Taburisky

Date of Approval 11/05/2008

Inspector

Reason for Issuance

NOV 06 2008

Secretarial Staff



Query Results

Parcel Owner	Legal Description
DAVID L & CALLAE K HYDE 71080 ONDOSSAGON RD ASHLAND WI 54806	LOT 1 CSM #1515 IN V.9 P.107 (LOCATED IN SW SW) 219
Location	History
Section 26, Town 48 N, Range 05 W	2007R-512106 NEW UNASSESSED PARCEL
New PIN	Old PIN
04-002-2-48-05-26-3 03-000-41000	
Land Value	Total Acres
0.00000	1.84000
	0.00000