

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  
 MAR 06 2008  
 Bayfield Co. Zoning Dept.

Application No: 08-0313  
 Date: 08-03-08  
 Zoning District: RRB, Class 2  
 Amount Paid: \$75.00 RAS  
2/10/08

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

Legal Description NW 1/4 of SW 1/4 of Section 34 Township 45 North, Range 5 West, Town of Lincoln

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 5.5

Volume 766 Page 948 of Deeds Parcel I.D. # 04-030-2-45-05-34-302-000-1000 Use Tax Statement for Legal Description

Property Owner John & Mary Wickites Contractor owner

Address of Property 52380 Beaver Trail Road Plumber none

Mason, WI 54856 Authorized Agent Jill Lorenz (Phone) 715.373.5908

Telephone 715.765.4132 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Written Authorization Attached: Yes  No

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  Basement: Yes \_\_\_\_\_ No  Number of Stories 1 with loft

Estimated Cost of Construction \$10,000 Square Footage 480 existing Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) alteration  External Improvements to Accessory Building (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) Jill Lorenz Date 03.06.08

Address to send permit Wickites, 52380 Beaver Trail Rd, Mason, WI 54856 ATTACH  Copy of Tax Statement

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 7-8-08 Permit Number 08-0313 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Structure is non-conforming.

By M. Fustak Date of Inspection 3-13-08

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

Condition: No expansion of footprint. No plumbing fixtures in structure. + per mitigation plan recorded applicant.

Signed Michael Fustak 3-14-08

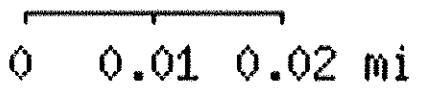
Inspector Robert Passafiume

JUL 08 2008

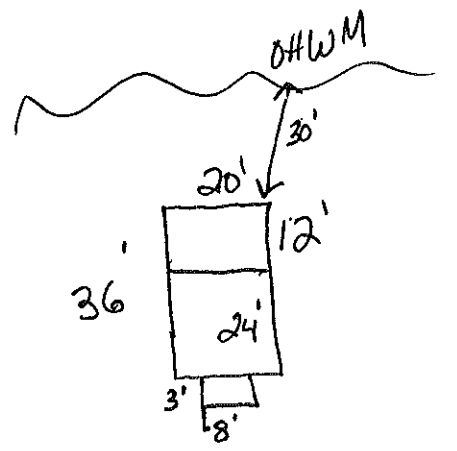
Secretary Staff



BAYFIELD



- A Cabin #1 (permit subject structure) 30' from OHWM (MP)
- B Cabin #2
- C Cabin #3
- D Residence
- E Garage



No running water.

$$\begin{aligned}
 12' \times 20' (\text{deck}) &= 240 \text{ sq ft} \\
 20' \times 24' &= 480 \text{ sq ft} \\
 3' \times 8' &= 24 \text{ sq ft} \\
 \hline
 &= 504 \text{ sq ft}
 \end{aligned}$$