

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
MAY 16 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0238
Date: 6-16-08
Zoning District: F-16B1-
Amount Paid: \$75.00 EDS
5/19/08

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: PAR 14 SW 1/4 of SE 1/4 of Section 5/SW/4th Township BAYFIELD North, Range West, Town of BAYFIELD

Gov't Lot Lot Block Subdivision CSM # Acreage

Volume Page of Deeds Parcel I.D. # 006-102A-10 Use Tax Statement for Legal Description

Property Owner Alexford & Claire Fless Contractor Pho Reburn (Phone)

Address of Property 35250 Old County Road J Plumber

Bayfield, WI 54814 Authorized Agent (Phone)

Telephone 715-729-5720 (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 X Existing Basement: Yes No X Number of Stories 1

Estimated Cost of Construction Square Footage 140 Sanitary: New Existing X Privy City

- USE:**
- * Residence or Principal Structure (# of bedrooms)
 - * Residence w/deck-porch (# of bedrooms)
 - * Residence w/attached garage (# of bedrooms)
 - * Residential Addition / Alteration (explain) SCREEN PORCH ON DECK
 - Residential Accessory Building (explain)
 - Residential Accessory Building Addition (explain)
 - Residential Other (explain)
 - 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) Reynold A. Fless Date 5/16/08
Address to send permit PO Box 926, Bayfield, WI 54814 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 6/16/08 Permit Number 08-0238 Permit Denied (Date)

Reason for Denial:

Inspection Record: STRUCTURE SETBACKS & CONDITIONS AS REPRESENTED BY OTHER APPEARS TO BE CODE COMPLIANT - CO. PERMIT ONLY BE ISSUED By DR Date of Inspection 6-12-08

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

Condition:

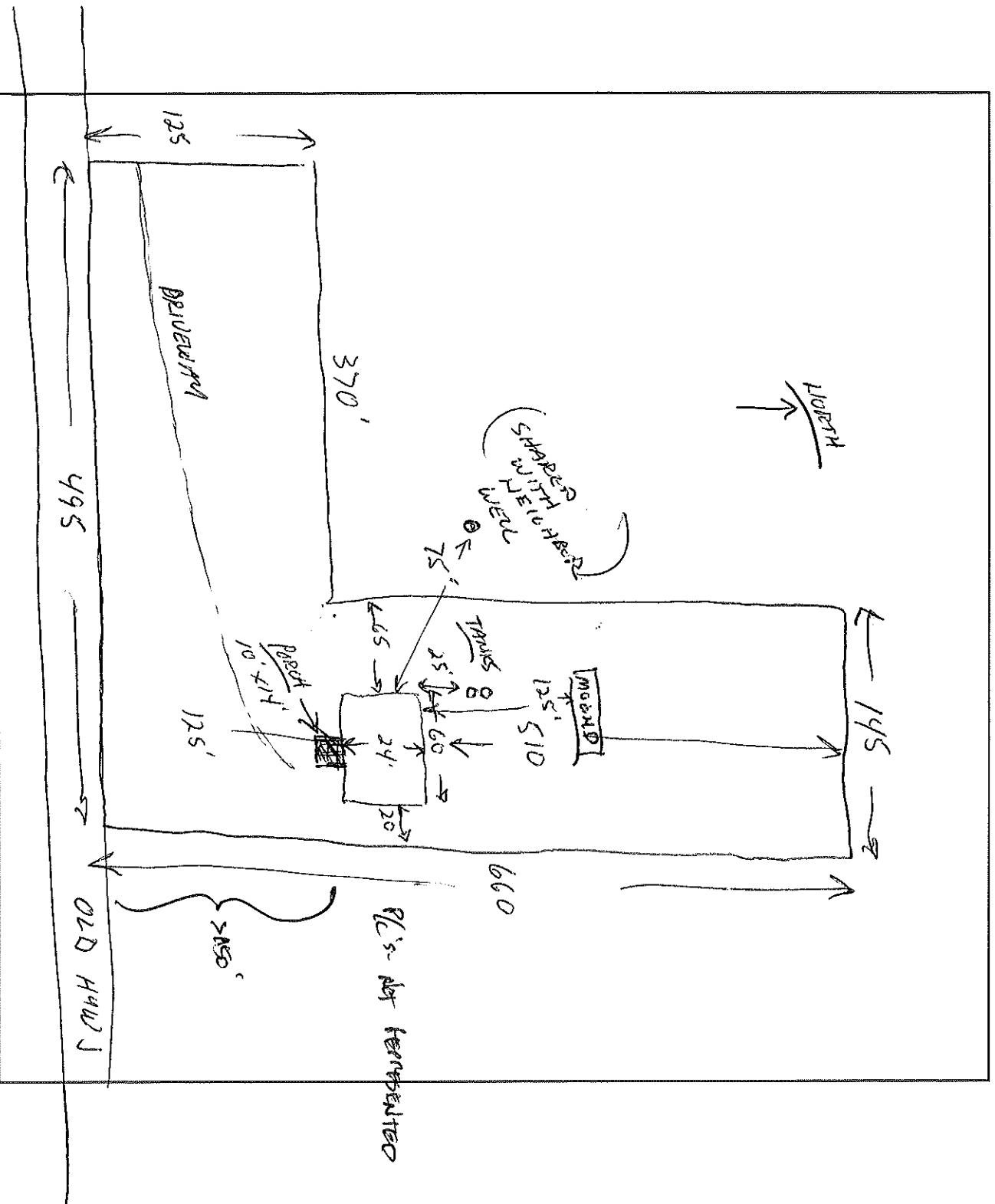
Alterations will not exceed Signed [Signature] 6-12-08
Eulandy Flesshoff Inspector
Contractor Present

Good for statement

SECRETARY'S SIGNATURE
JUN 16 2008

ENTERED

Lot Line



Name of Frontage Road (_____)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Application No.: 08-0252
 Date: _____
 Zoning District: RKB/Class
 Amount Paid: 175-6/2/08
dak

RECEIVED
 MAY 30 2008
 BAYFIELD CO. ZONING DEPT.

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LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
Class A

Legal Description: _____ 1/4 of Section 14 Township 50 North, Range 4 West, Town of Bayfield
 Gov't Lot 2 Lot 1 Block _____ Subdivision _____ CSM # 1273 Acreage 1.59
 Volume 8 Page 3 of Deeds Parcel I.D. # 04-006-2-50-04-14-405-002-13000 Use Tax Statement for Legal Description

Property Owner William & Marilyn Gabert Contractor N/A (Phone) _____
 Address of Property 85160 Hwy 13 Plumber N/A
Bayfield, WI 54814 Authorized Agent N/A (Phone) _____

Telephone 715-543-8224 (Home) 715-385-2729 (Work)
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition _____ Existing Written Authorization Attached: Yes No

Estimated Cost of Construction existing building Square Footage _____ Sanitary: New _____ Existing Privy _____ City _____
 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) _____
- 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) continue with nightly rentals
- External Improvements to Principal Building (explain) _____
- External Improvements to Accessory Building (explain) _____

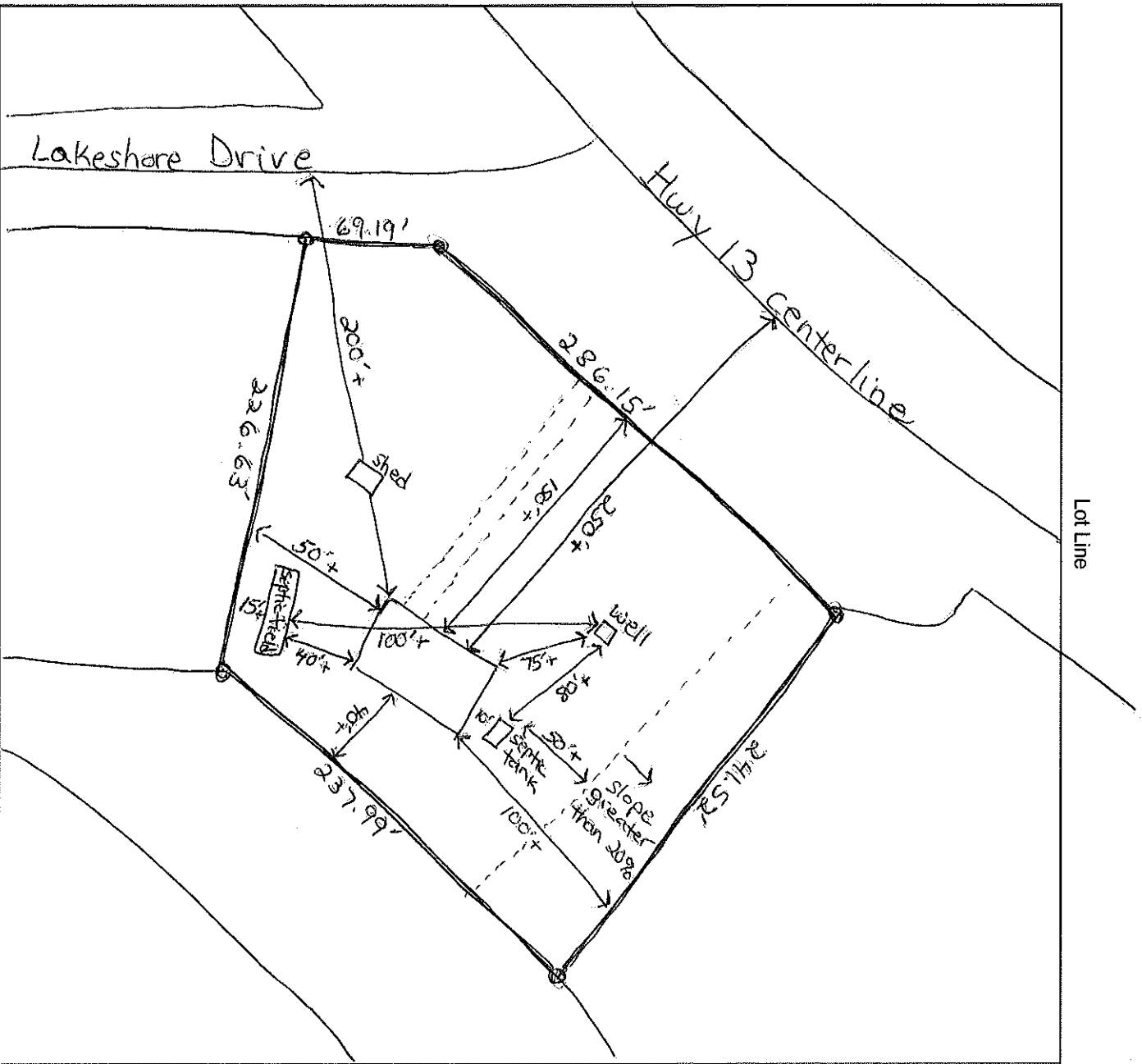
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Owner or Authorized Agent (Signature) Marilyn Gabert Date 5-27-08
 Address to send permit PO Box 323, Boulder Junction, WI 54512 ATTACH _____
 Copy of Tax Statement

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Permit Issued: _____ State Sanitary Number 207990 Date 1990
 Date 6/19/08 Permit Number 08-0252 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Existing Residential Structure - Party Used For Short Term Rental
 By DDC Date of Inspection 6-12-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: see notes
 Signed [Signature] Date of Approval 6-12-08
 Inspector _____
 Recorder Issuance _____



Name of Frontage Road (Hwy 13)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
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 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
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