

ENTERED

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 JUN 05 2008 Bayfield Co. Zoning Dept

Application No: 08-0286 Date: R-80/- Zoning District: \$75.00 2015 Amount Paid: 6/6/08

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: [X] SANITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [] B.O.A. [] OTHER [] Legal Description: 1/4 of Section 15 Township 50 North, Range 4 West, Town of Bayfield Gov't Lot 28 Block Subdivision Apsled Highland CS# 1.52 Volume 843 Page 965 of Deeds Parcel I.D. # 806117009 Use Tax Statement for Legal Description

Property Owner: John + Susan Gerzina (Gerzina) Contractor Plumber Address of Property: Bayfield, WI 54814 35005 Whitetail Ave Telephone: 715-779-9807 (Home) 218-742-2224 (Work) Authorized Agent: (Phone) Written Authorization Attached: Yes [] No []

Is your structure in a Shoreland Zone? Yes [] No [] If yes, Structure: New [X] Addition Existing Square Footage 1776 Sanitary: New [] Existing [X] Privy [] City [] Basement: Yes [] No [X] Number of Stories 1.5

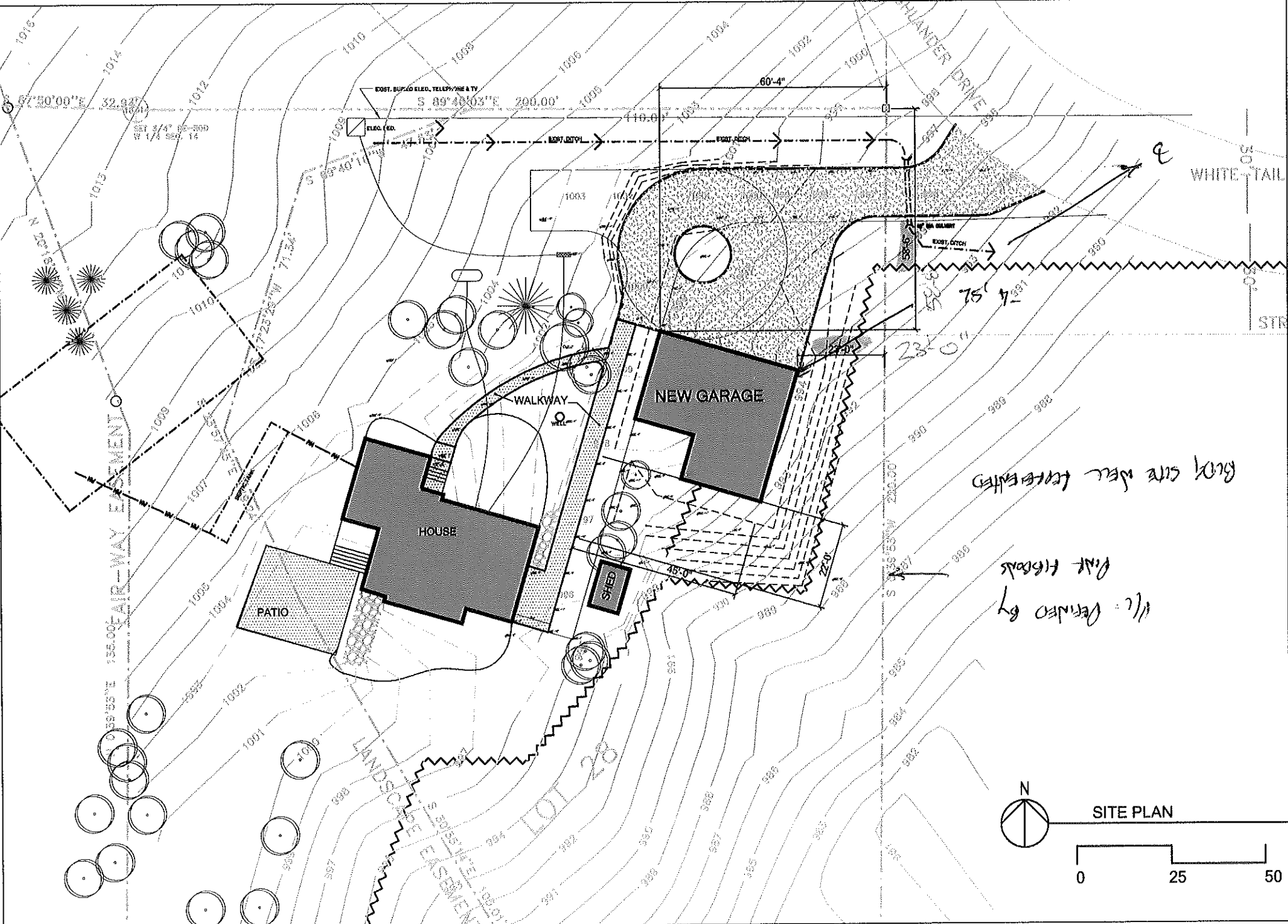
Estimated Cost of Construction 20,000.00 Residences or Principal Structure (# of bedrooms) [] Residential Addition / Alteration (explain) [] Residential Accessory Building (explain) Garage [] Residential Accessory Building Addition (explain) [] Residential Other (explain) []

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.

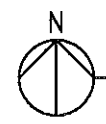
Owner or Authorized Agent (Signature): Susan Gerzina Date: 6-5-2008 Address to send permit: 3818 E. 4th Ave Hibbing, MN 55746 ATTACH Copy of Tax Statement If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

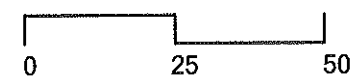
Permit Issued: State Sanitary Number Date Permit Number 08-0286 Permit Denied (Date) Reason for Denial: Inspection Record: Structural Setbacks/Conditions As Represented by Owner Appears to be OK. Consultant & Co. Permit only by DC Date of Inspection 6-27-08 Mitigation Plan Required: Yes [] No [X] Variance (B.O.A.) # Condition: Structure must be at least 63 feet from a centerline of Whitetail Avenue Signed: [Signature] Inspector Date of Approval 6-27-08 Rec'd for Issuance JUL 01 2008 Secretarial Staff



Handwritten notes:
 1/2" DENIED BY
 PLAT RECORDS
 BLDG SITE IDEAL TERRAIN



SITE PLAN



GERZINA GARAGE

35005 Whitetail Ave
 Bayfield, WI

Date: 5-16-2008

ENTERED

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Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 26 2008
Bayfield Co. Zoning Dept.

Application No: 08-0307
Date: _____
Zoning District: LRB
Amount Paid: \$100.00 CAS
6/26/08

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 1/4 of 1/4 of Section 22 Township 50 North, Range 4 West, Town of Bayfield
Gov't Lot 1-2 Lot 4 Block _____ of Deeds _____ Subdivision Port Superior Streets # _____ Acreage _____
Volume _____ Page _____ Parcel I.D. # 006-1157-07-004 Use Tax Statement for Legal Description
Property Owner Warren Galt Contractor Greg Carrier (Phone) 779-567210
Address of Property 34855 Chequamegon RA Plumber John Kerzotto
Bayfield WI 54814 Authorized Agent Greg Carrier (Phone) 209-09831111
Telephone 563-557-1243 (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New _____ Addition _____ Existing _____ Basement: Yes _____ No _____ Number of Stories _____
Estimated Cost of Construction _____ Square Footage _____ Sanitary: New _____ Existing _____ Privy _____ City _____
USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) STAIRS 4 FT WIDE TO LAKE

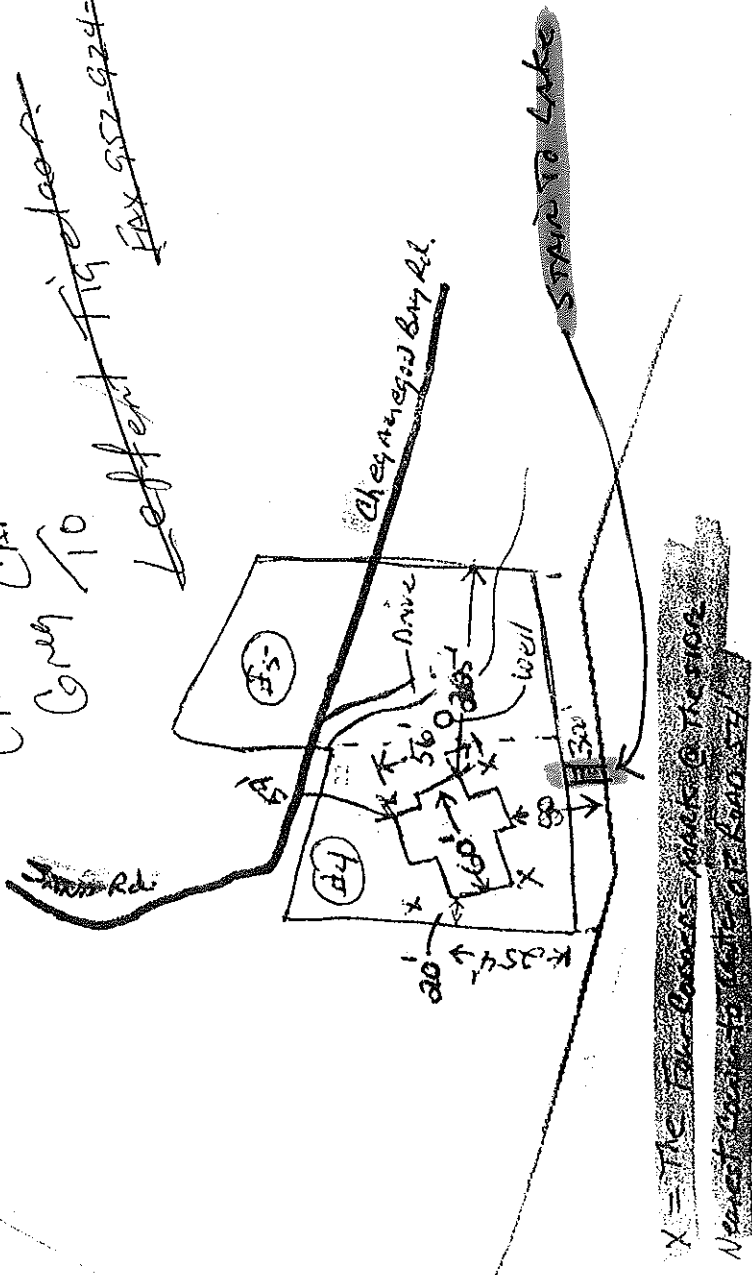
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) [Signature] Date June 24, 08
Address to send permit _____
ATTACH _____
Copy of Tax Statement _____
If you previously purchased the property Attach a Copy of Recorded Deed _____

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 7-3-08 Permit Number 08-0307 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: TOPOGRAPHICAL CONDITIONS WARRANT STAIRS FOR LAKE ACCESS. PERMIT MAY BE ISSUED FOR CONDITIONS By DOC Date of Inspection 6-27-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: EXCAVATION DURING CONSTRUCTION MUST BE MINIMIZED, BUILDINGS MAY NOT EXCEED 60 SQ. FT., + CHECKS ONLY, NECESSARY FOR SAFETY.
Signed [Signature] Inspector _____
Date of Approval 6-27-08
Date of Approval Staff _____
PHOTO TAKEN OF PROPOSED SITE FOR STAIRS

Rec'd for Issuance
JUL 03 2008
Secretary Staff

Oxenham Co
 Oxenham Creekview
 Hwy 10
~~Left on Hwy 10~~
~~FAX 952-924-0269~~



X = THE TOP CORNER POINT OF THE SECTION
 NEAREST TO THE LAKE

DRIVEWAY FEATURE CHANGE

Well is to be located 20 feet from corner
 The closest corner of House To Lot 5 = 65'-1
 2006 RLB CLASS I

