

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

REGATIVE
OCT 22 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0608
Date: 10/23/08
Zoning District: P-EB
Amount Paid: \$75.00 RDS

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 State *Statement for Legal Description*

Legal Description 1/4 of 1/4 of Section 22 Township SON North, Range 4W West, Town of BAYFIELD

Gov't Lot 3 Lot Block Subdivision CSM # Acreage 2.60

Volume Page of Deeds Parcel I.D. 006105307

Property Owner BROOKSIDE HIDEAWAY ASSOC. Contractor TRUDEAU CONST. (Phone) 209 3920

Address of Property 34300 PORT SUPERIOR RD Plumber

BAYFIELD WI 54814 Authorized Agent RICHARD RYAN (Phone) 209 7 238

Telephone (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 2

Fair Market Value < 2,500⁰⁰ Square Footage 647 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) STAIRWELL
- Residential Accessory Building (explain)
- Residential Accessory Building Addition (explain)
- Residential Other (explain)

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 10/22/08

Address to send permit 86335 BETZOLD RD BAYFIELD WI 54814 ATTACH

* See Notice on Back Copy of Tax Statement or (if you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number Date

Date 11/9/08 Permit Number 08-0608 Permit Denied (Date)

Reason for Denial:

Inspection Record: Structure Satisfies Conditions as Represented by Owner - Appears to be Code Compliant & Permit may be Issued Date of Inspection 10-31-08

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

Condition:

Signed [Signature] Inspector Date of Approval 10-31-08

Good Staircase Construction
Low Previous Heights + Code Requirements for Pits

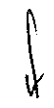
P/L'S NOT DEFINED OR LOCATED (REPRESENTED) BY AGENT

PLACES OFFERED/BUY STATUTORY DISTRICT

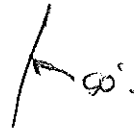
E. Sec 13



150' +/- 90' to P/L SEE CONDO PLAT

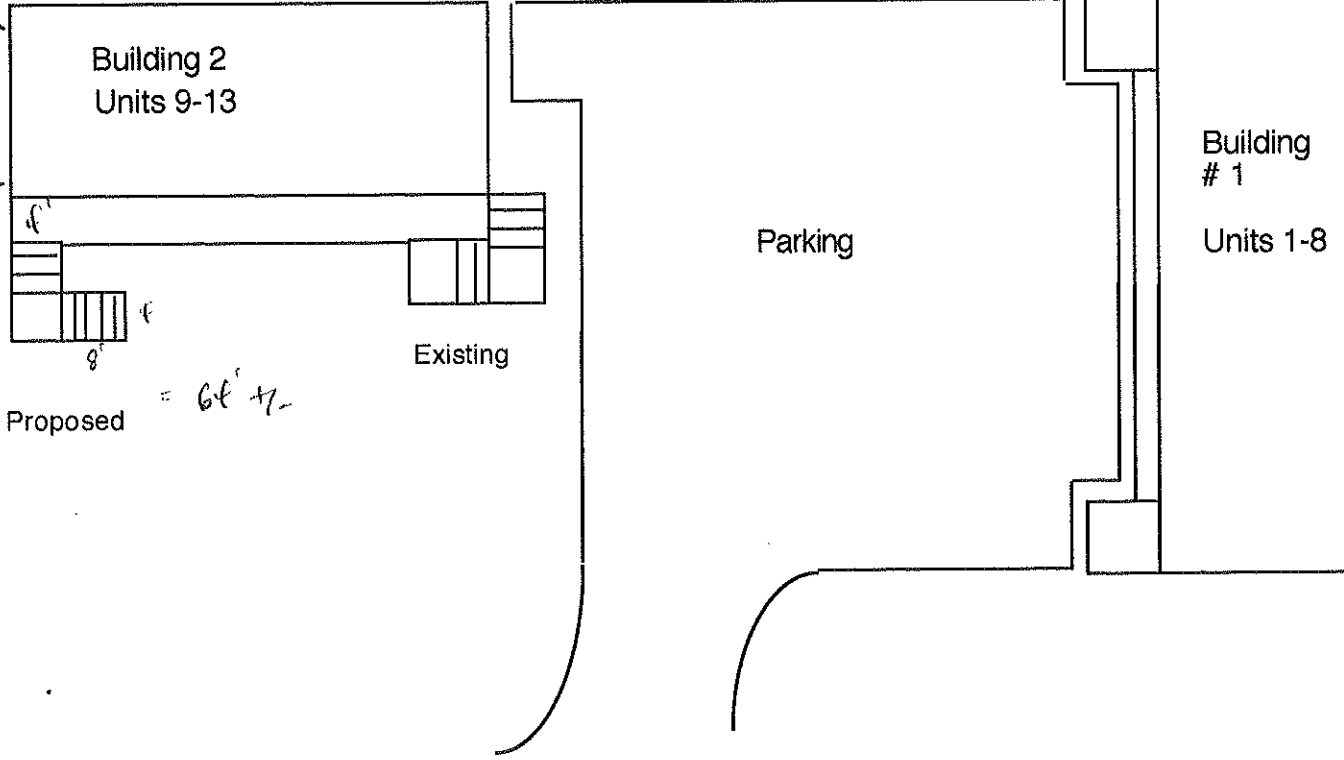


P/L = 50'



R
O
A
D

> 150'



Proposed = 6' +/-

Existing

CONDO PLAT PG 7-10 Vol 2