ENTERED

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

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

Attn: Mike Funtak

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED FEB 04 2009 Bayfield Co. Zoning Dept.

Application No.: 09-0032
Date:
Zoning District R-1, Class 1
Amount Paid: $175.00 RPS 2/5/09

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 Tax Statement for Legal Description

Legal Description ____ 1/4 of ____ 1/4 of Section 32 Township 44 North, Range 06 West. Town of G.V

Gov't Lot 7 Lot 2 Block ____ Subdivision ____ V.7, P.25 CSM # 1082 Acreage 1.54

Volume 935 Page 93 of Deeds Parcel I.D. 04-021-2-44-06-32-1 05-007-04000

Property Owner Roy Bredholt, Jr.

Address of Property 20620 Pioneer Rd
Grandview, WI 54839

Telephone 952-474-9278 (Home) 952-237-9185 (Work)

Contractor self (Phone)

Plumber (715) 934-4622

Authorized Agent Mike Best (Phone) 715-558-4014

Written Authorization Attached: Yes ☑ No ☐ sent earlier

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 ____ Square Footage ____

Sanitary: New ____ Existing ✓ Privy ____ City ____

Type of Septic/Sanitary System Conv

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) Short term rentals

☐ 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) Short Term Rental

☐ 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) Chris Franch, Recreational Rental Properties, Inc. Date 1/30/09

Address to send permit RRP, Inc. / P.O. Box 802 / Hayward, WI 54843

ATTACH
Copy of Tax Statement or ✓
(If you recently purchased the property Attach a Copy of Recorded Deed)

✱ See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 163927 Date 10/9/1991

Date 2/17/09 Permit Number 09-0032 Permit Denied (Date) ____

Reason for Denial: ____

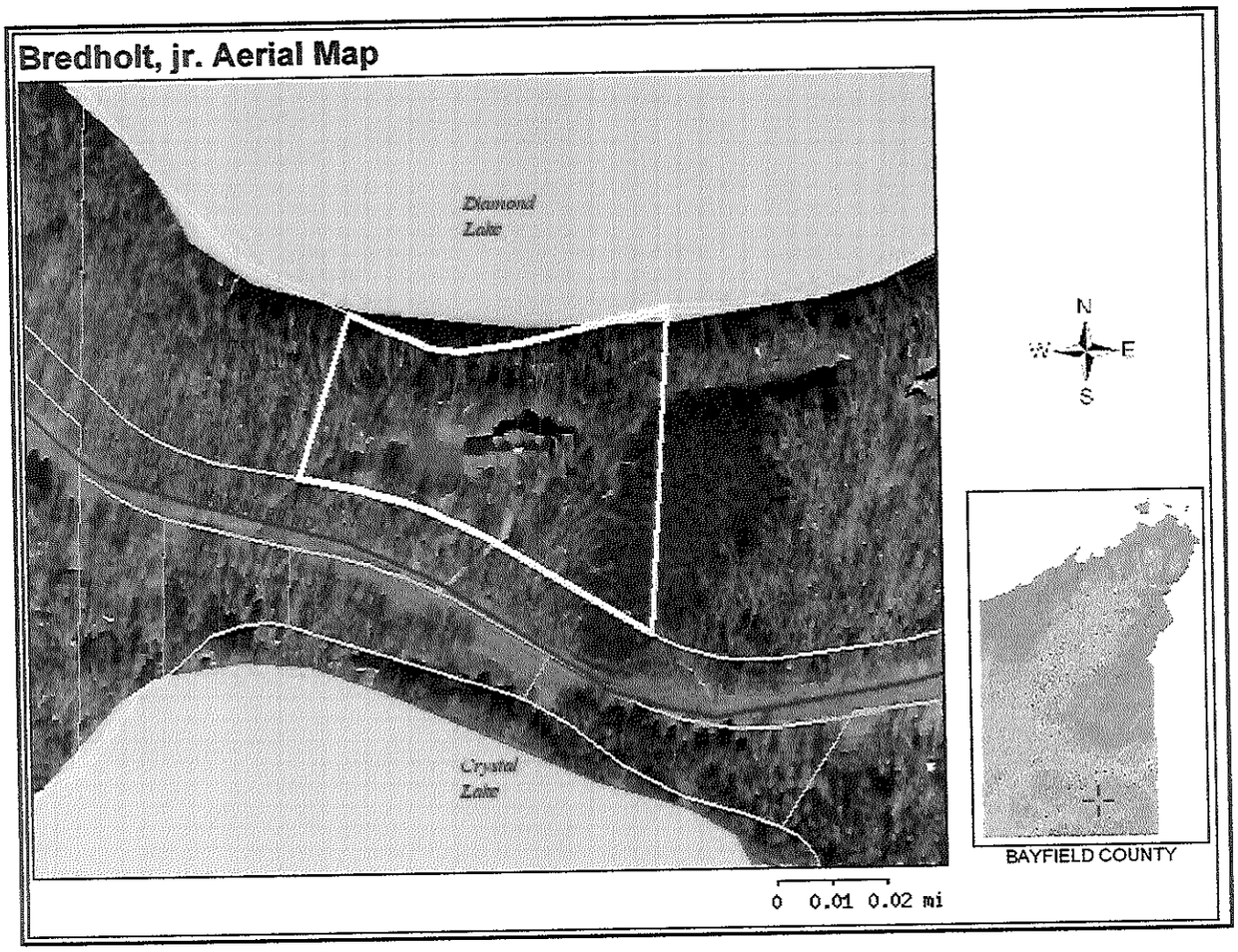
Inspection Record: Structure is existing. Meets all setbacks. Buffer zone is in a natural state. By M. Funtak Date of Inspection 2-5-09

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

Condition: ~~See PBA~~ None

Signed Michael Funtak 2-9-09
Inspector Date of Approval

Rec'd for Issuance
FEB 17 2009
Secretarial Staff


Bredholt, jr. Aerial Map
Diamond Lake
Crystal Lake
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W
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S
BAYFIELD COUNTY
0 0.01 0.02 mi