Class A

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
AUG 26 2009

Application No.: 09-0500 ENTERED
Date:
Zoning District R-1, Class 1
Amount Paid: $175
8/27/09
mg

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 20 Township 44 North, Range 5 West. Town of G.V.

Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage .7

Volume 978 Page 137 of Deeds Parcel I.D. 04-021-2-44-05-20-2 05-001-50000

Property Owner James A. Kennedy

Address of Property 26065 Club Lake Rd
Cable, WI 54821

Telephone 715-794-2447 (Home) 941-321-6832 (Work)

Contractor Self (Phone) _____

Plumber _____

Authorized Agent _____ (Phone) _____

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 _____

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) _____

☐ 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) X James A. Kennedy Date 8-25-09

Address to send permit 46900 Bermont, Rd, #326 Punta Gorda, FL 33982

✱ See Notice on Back

ATTACH
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 10/22/09 Permit Number 09-0500 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing.

By M. Furtak Date of Inspection 8-28-09

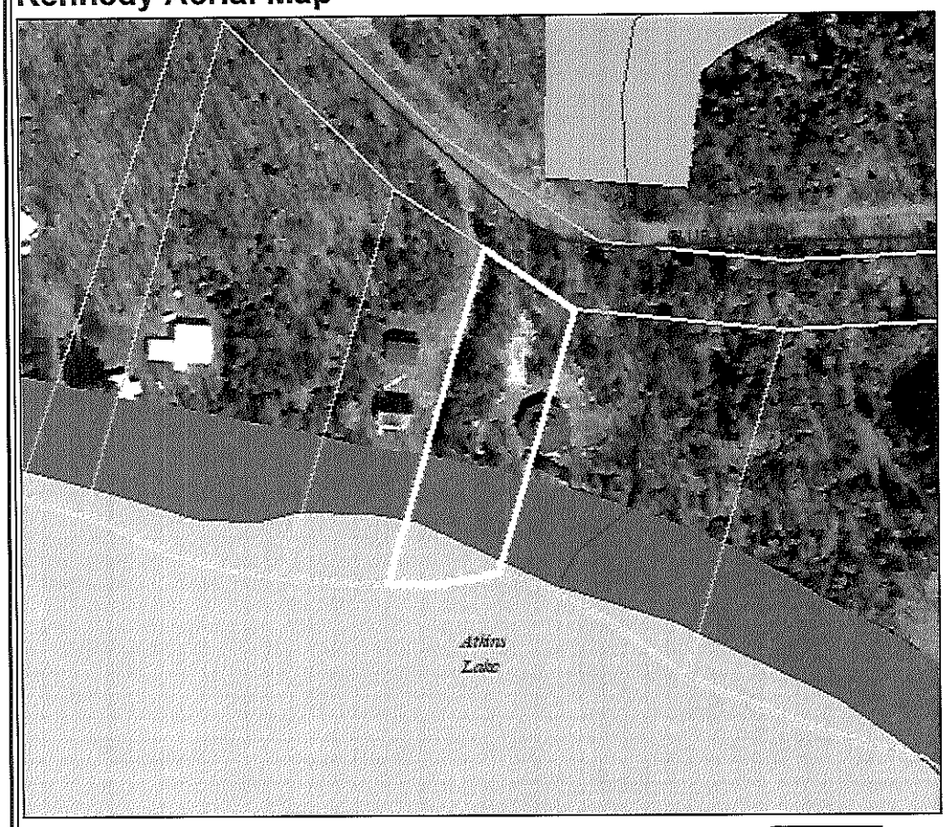
Mitigation Plan Required: Yes ☐ No ☒ _____ Variance (B.O.A.) # _____

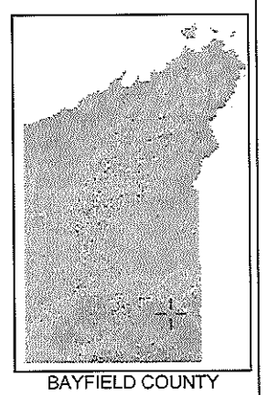
Condition: - Must obtain a Tourist Rooming House permit from the Bayfield County Health Dept.

Signed Michael Furtak 8-31-09
Inspector Date of Approval

Rec'd for Issuance
OCT 22 2009
Secretarial Staff

Kennedy Aerial Map





BAYFIELD COUNTY

0 0.01 0.02 mi

04-021-2-44-05-20-2 05-001-50000