$1,050 Total $1870

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 10 2009 Bayfield Co. Zoning Dept.

ENTERED

Application No.: 10-0036
Date:
Zoning District R-1, Class 2
Amount Paid: $1050.00 RDS $ 8/11/09

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 33 Township 44 North, Range 6 West. Town of G.V

Gov't Lot 3 Lot A Block _____ Subdivision _____ CSM # V. 2 P. 64 Acreage 1.0

Volume 748 Page 82 of Deeds Parcel I.D. 04-021-2-44-06-33-1 05-003-02000

Property Owner Priscilla J. Smith

Address of Property 46710 Big Timber Lane
Cable, WI 54821

Telephone 715-798-2318 (Home) 612-749-7400 (Work) cell

Contractor self (Phone) _____

Plumber Andry Rasmussen + Sons

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 1

Fair Market Value $350,000 Square Footage 1700

Sanitary: New ✓ Existing _____ Privy _____ City _____

USE:

Type of Septic/Sanitary System Pretreatment Mound

☐ ✱ Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____

☐ ✱ Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft 6'x12' = 72 ☐
Deck sq. ft. 10'x30' = 300 ☐ Deck(2) sq. ft 4'x24' = 96 ☐

☒ ✱ Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft 24'x26' = 624 ☐

☐ 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) _____

☐ 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) [signature] Date 8/6/09

Address to send permit 10531 Morgan Ave S, Bloomington, MN 55431

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 09-142S Date 10-14-09

Date 3/10/10 Permit Number 10-0036 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per owners representations By M. Fautsch Date of Inspection 8-18-09

Mitigation Plan Required: Yes ☒ No ☐ _____ Variance (B.O.A.) # 09-09B

Condition: see BOA decision & affidavit

Signed Michael Fautsch (Inspector) 3-10-10 (Date of Approval)

Rec'd for Issuance

MAR 10, 2010

Secretarial Staff

SENT BY ZONING

SENT BY ZONING
EXIST. DWELLING
DECK
EXIST. WELL
SEPTIC TANKS
PROPOSED HOUSE
PORCH
GARAGE
FL.EL.1425.14'
RE-LOCATED CABIN
FL.EL.1425.14'
EXIST. BARN
EXIST. CABIN
WOOD BRIDGE
SHORELINE
STAIRS
PATH
SLOPE FENCE
20' S.B.L.
10' S.B.L.
E. OF WATERWAY
N.02°31'37"W.
285.16'
S.59°19'16"E.
285.42'
N.16°44'11"E.
173.32'
S.14°75'55"W.
173.4'
B.M. SPIKE IN E. PEDESTAL
ELEV. 1421.40'