$75

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
AUG 23 2010
Bayfield Co. Zoning Dept.

Application No.: 10-0335
Date:
Zoning District R-1, Class 1
Amount Paid: $75.00 RDS 8/26/10

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

Gov't Lot _____ Lot 16 Block _____ Subdivision Assessors Plat CSM # _____ Acreage 1.3

Volume 678 Page 227 of Deeds Parcel I.D. 04-021-2-44-05-19-4 00-120-16000

Property Owner Rose Prietzel

Address of Property 48480 Atkins Lake Lane
Cable, WI 54821

Telephone 794-2087 (Home) 952 937-2452 (Work)

Contractor Jack Sjostrom (Phone) 634-4427 558-1440

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 $2,500 Square Footage 152 ft 4' x 38'

Sanitary: New _____ Existing ✓ Privy _____ City _____

USE:

Type of Septic/Sanitary System Conv.

☐ ✱ 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) handicap access ramp

☐ 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) x Rose Prietzel Date x 8/20/10

Address to send permit x 8074 TIMBER LAKE DR EDEN PRAIRIE, MN 55347

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 _____ Date _____

Date 8/30/10 Permit Number 10-0335 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Non-conforming structure 35' from OHWM.

By M. Furtak Date of Inspection 8-20-10

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

Condition: _____

Signed Michael Furtak 8-23-10
Inspector Date of Approval

Rec'd for Issuance

AUG 30 2010

Secretarial Staff

Robert + Richard Metcalf