$175

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 APR 02 2008 Bayfield Co. Zoning Dept.

Application No.: 08-0079
Date:
Zoning District: R-1, Class 3
Amount Paid: $175.00 CDS 4/7/08

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

Legal Description Part of N½ NW 1/4 of SW 1/4 of Section 23 Township 45 North, Range 5 West. Town of Lincoln

Gov't Lot ____ Lot ____ Block ____ Subdivision ____ V.5, P. 220 CSM # 786 Acreage 20.16

Volume 746 Page 18 of Deeds Parcel I.D. # 04-030-2-45-05-23-3 02-000-10000 Use Tax Statement for Legal Description

Property Owner Steve & Barb Robertson
Address of Property 54430 Four Corners Store Rd Mason, WI 54856
Telephone ____ (Home) ____ (Work)

Contractor ____ (Phone) ____
Plumber Recreation Rental Properties
Authorized Agent Barb Best (Phone) 794-2622
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 ____

Estimated Cost of Construction ____ Square Footage ____ Sanitary: New ____ Existing ✓ Priv ____ City ____ Mound

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) Barbara Best Date 3/26/08

Address to send permit 23255 Missionary Pt. Dr., Cable, WI 54821

ATTACH
Copy of Tax Statement ✓
If you previously 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 4-14-08 Permit Number 08-0079 Permit Denied (Date) ____

Reason for Denial: ____

Inspection Record: Structures are existing. Use is on-going.

By M. Furtak Date of Inspection 4-8-08

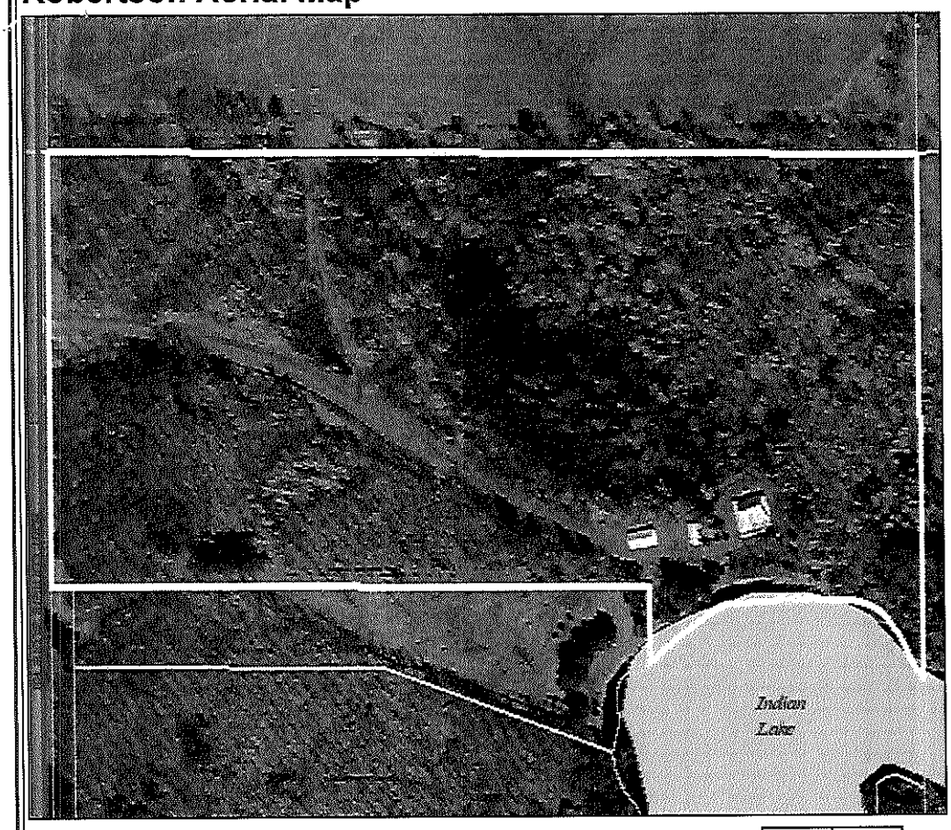
Mitigation Plan Required: Yes ☐ No ☒ ____ Variance (B.O.A.) # ____

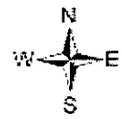
Condition: ____

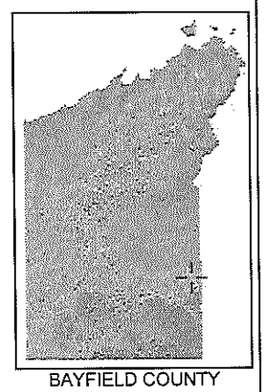
Signed Michael Furtak 4-9-08
Inspector Date of Approval

Rec'd for Issuance APR 14 2008 Secretarial Staff

Robertson Aerial Map







BAYFIELD COUNTY

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