

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 375-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 SEP 15 2010

Application No.: 10-0489 **ENTERED**
 Date: _____
 Zoning District: A-1/-
 Amount Paid: —

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 805 1/4 of Section 01 Township 50 North, Range 04 West, Town of Bayfield
Bayfield Residential Fruit Lands Co. CSM# _____ Acreage _____

Gov't Lot 2 Block _____ Parcel I.D. 04-006-2-50-04-01-00-128-02000

Volume 805 Page 83 of Deeds

Property Owner Craig W. & Billie L. Hoopman

Contractor N/A (Phone) _____

Address of Property Cty. Hwy 2

Plumber N/A

Bayfield, WI 54814

Authorized Agent N/A (Phone) _____

Telephone 715-779-3438 (Home) _____ (Work) _____

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 2500 sq ft

Sanitary: New _____ Existing _____ Privy City _____

USE: _____

Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____

Mobile Home (manufactured date) _____

Residence sq. ft. _____

Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____

Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____

Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____

Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____

Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____

Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____

Commercial Other (explain) _____

Residential Accessory Building (explain) _____

Special/Conditional Use (explain) Fish Processing

Residential Accessory Building Addition (explain) _____

External Improvements to Principal Building (explain) _____

Residential Other (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) Craig Hoopman Date 9-7-2010

Address to send permit PO Box 742, Bayfield WI 54814 ATTACH

Copy of Tax Statement of _____

(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 12/9/10 Permit Number 10-0489 Permit Denied (Date) _____

Reason for Denial: None

Inspection Record: USE TO BECUL FROM PRE-EXISTING STRUCTURE, NO ROOTS TO SEWER STRUCTURE

Wa. z.c. 119/Approved 10-24-10 By DK Date of inspection 9-24-10

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

Condition: A faulted drilled wastewater treatment system (Dots) must be upgraded to serve

the existing structure & support the fish processing activities in the east wastewater & generated

Signed [Signature]

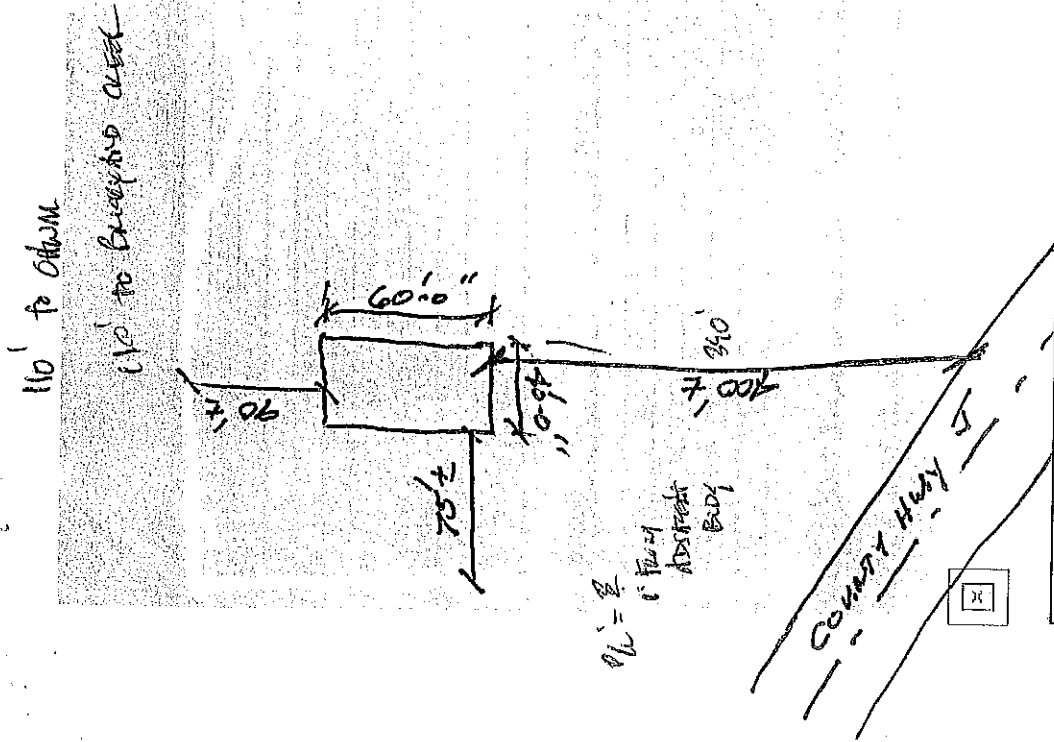
Inspector _____ Date of Approval 12-7-10

Rec'd for Issuance

DEC 8 2010

Secretary

SENT BY ZONING



NOTE - BUDG SITE WEL DEFINED AT INSPECTED

Query Results

Parcel Owner	Legal Description
CRAIG W AND BILLIE L HOOPMAN PO BOX 742 BAYFIELD WI 54814	BAYFIELD PENINSULA FRUIT LANDS CO PLAT LOT 2 17A IN V.805 P.83
Location	History
Section 01, Town 50 N, Range 04 W	467110
New PIN	Old PIN
04-006-2-50-04-01-1 00-128-02000	006113701000
Land Value	Improvement Value
35800.00000	0.00000
	Total Acres
	11.53100