

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
JUL 27 2010

Application No. 10-0357 *Not Entered*
Date: _____
Zoning District: RRB, Class 1
Amount Paid: \$ 75
7/29/10 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: UAC# 3 Block U 1/4 of Section 4 Township 43 North, Range 7 West, Town of CABLE
Gov't Lot _____ Subdivision: BEAUTY REST CONDO CSM # _____ Acreage .011/2.458
Volume 912 Page 567 of Deeds Parcel I.D. 04-012-2-43-07-04-2 00-604-30000
Property Owner: JOEL D. NEDENSTROM Contractor: TBO (Phone) _____
Plumber: ROOMWORKS INC

Address of Property: 45715 KRAFTS PT RD #3
BEAUTY REST CONDOS, CABLE, WI 54821
Telephone: 715-795-4100 (Home) 715-719-7110 (Cell)

Is your structure in a Shoreland Zone? Yes No If Yes, _____
Structure: New _____ Addition Existing
Fair Market Value: 20,000 Square Footage 100

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) ENLARGE BACK-PORCH
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____

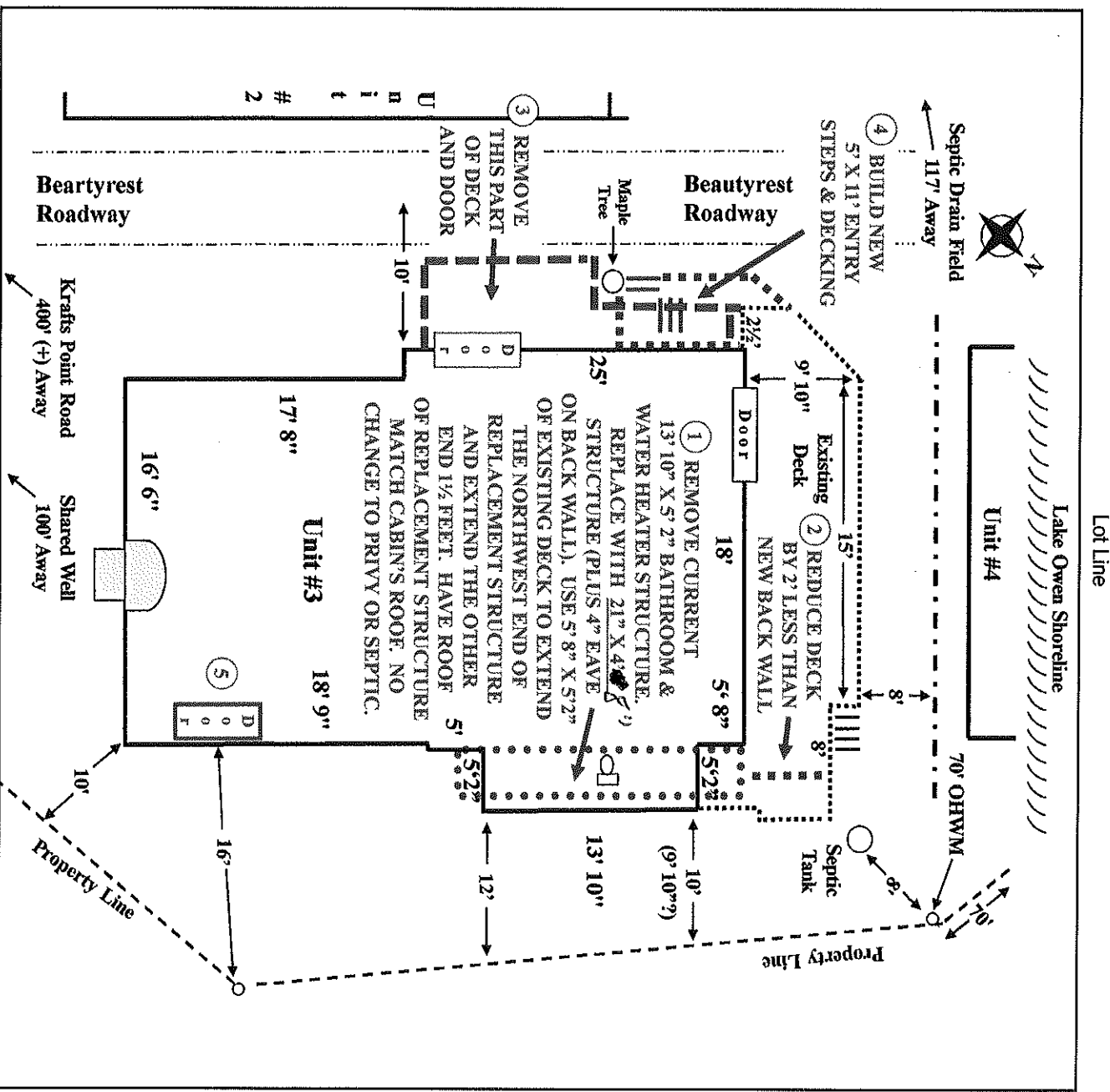
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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): Joel D. Nedénstrom Date: July 26, 2010
Address to send permit: 45715 KRAFTS POINT ROAD, CABLE, WI 54821 ATTACH _____

* See Notice on Back
APPLICANT — PLEASE COMPLETE REVERSE SIDE
Copy of Tax Statement or _____
(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit issued: _____ State Sanitary Number _____ Date _____
Date: 9-9-10 Permit Number: 10-0357 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Inspected, Non-conforming Unit in a non-conforming MUD. (Beauty Rest) By M. Furtak Date of Inspection: 8-6-10
Mitigation Plan Required: Yes No Mitigation previously completed voluntarily Variance (B.O.A.) # _____
Condition: Must continue to comply with Lohmeier Mit Plan
Signed: Michael Furtak Inspector Date of Approval: 8-9-10
Property lines per owners representations. Rec'd for Issuance



Name of Frontage Road KRAFTS POINT ROAD

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank and Drain field to lake, river, stream or pond.
 - o. Well to building

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.