

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 29 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0108
 Date: 5-12-11
 Zoning District: R-1
 Amount Paid: \$125.00 eos
5/9/11

\$125
 ENTERED

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 18 Township 43 North, Range 7 West, Town of Cable
 Gov't Lot _____ Lot 9 Block 1 Subdivision Newer's Add. CSM # Acreage _____
 Volume 180 Page 98 of Deeds Parcel I.D. 04-012-2-43-07-18-2 00-307-04000

Property Owner Cable Congregational Church Inc Contractor SELF (Phone) _____
 Address of Property 13445 Cty Hwy M Plumber _____
Cable, WI 54821 Authorized Agent Bob Rasmussen (Phone) 798-4797

Telephone 798-3066 (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 1
 Fair Market Value \$25,000 Square Footage 995 7
 Sanitary: New _____ Existing _____ City ✓
 USE: _____
 * Residence or Principal Structure (# of bedrooms) 42' x 22.25' Type of Septic/Sanitary System _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____
 Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) storage garage
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____
 Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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) Robert Rasmussen Date 4-28-11
 Address to send permit PO. Box 279, Cable, WI 54821 ATTACH _____
 * See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE
 (If you recently purchased the property Attach a Copy of Recorded Deed)

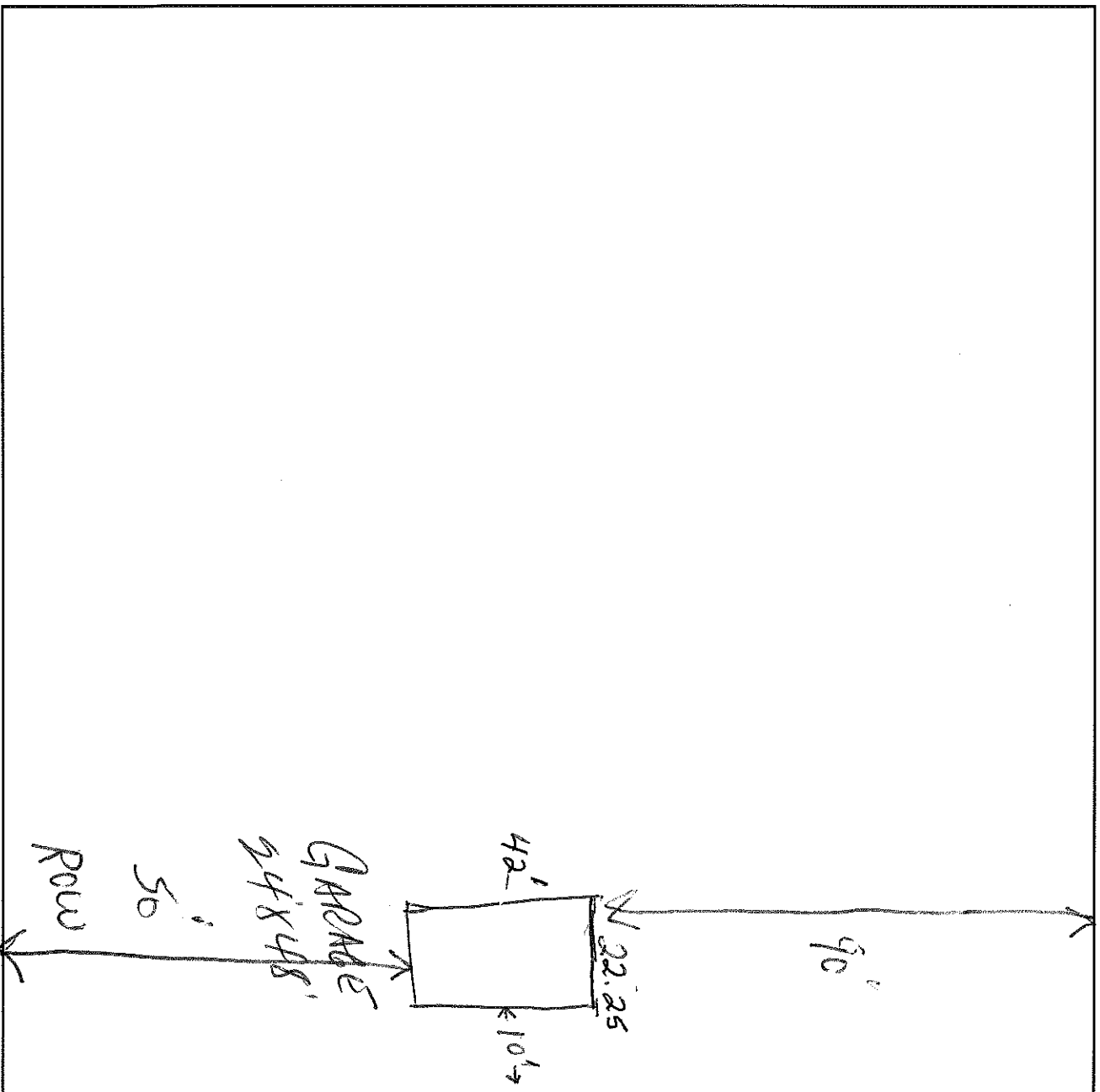
Permit Issued: State Sanitary Number _____ Date _____
 Date 5-12-11 Permit Number 11-0108 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Meets all setbacks. Property lines per agency representations.
 By MM Fuchs Date of Inspection 4-28-11

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Existing structure must be removed and debris taken to a construction landfill.

Signed Mike Fuchs Date of Approval 5-6-11
 Inspector _____

Lot Line



Name of Frontage Road (M)

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

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

*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.