

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
 SEP 22 2011

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. 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.

Application No.: 11-0384
 Date: 10/14/11
 Zoning District: RRB Class 1
 Amount Paid: \$75 910311 com
#9339

\$75

LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description SE 1/4 of NE 1/4 of Section 5 Township 43 North, Range 7 West, Town of Cable
 Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.53 combined

Volume 1001 Page 4 of Deeds Parcel ID. 04-012-2-43-07-05-1 05-001-09006

Property Owner Beverly + John Rollwagen Contractor Jim Jenkins (Phone) 715-798-5807
 Address of Property 45586 Matres Landing Plumber 1/1/11

Telephone 715-798-3710 (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 2
 Fair Market Value \$10,000 Square Footage 1447 Sanitary: New Existing Private City _____
 USE: _____ Type of Septic/Sanitary System Tank + drain field

* 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 Other (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building (explain) _____

Residential Addition / Alteration (explain) Change Roof Design on entry + add stairs to foundation 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) _____

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 this application 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) James Jenkins Engineer 5/16/11
 Address to send permit James Jenkins, PO Box 274, Washburn, WI 54821

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number: _____ Date: _____
 Permit Number: 11-0384 Permit Denied (Date): _____

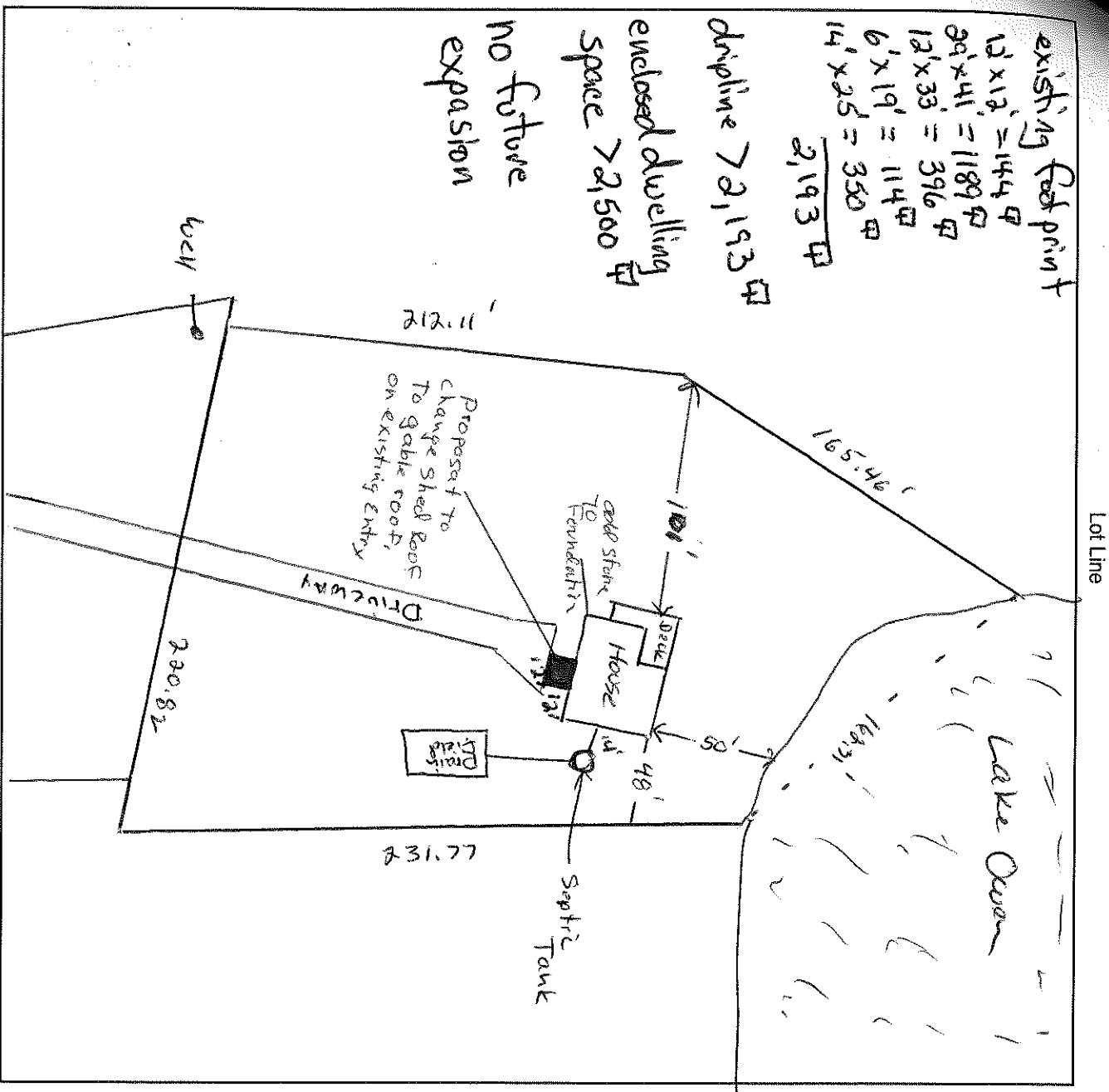
Reason for Denial: _____
 Inspection Record: Structure is existing. Non-conforming structure. 40'-75' from OHW.M. By M. Furdak Date of Inspection 9-27-11

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: No increase in footprint, enclosed dwelling space, or dig zone.

APPLICANT'S AFFIDAVIT
 Rec'd for Issuance Michael Stutts Inspector Date of Approval 9-28-11
 Rec'd for Insurance _____
 SEP 28 2011 OCT 14 2011

Municipal Staff

~~Bayfield County Zoning Department~~



Name of Frontage Road (Metros Landing)

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.

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.