

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
OCT 15 2008

Application No. 08-0582
Date: _____
Zoning District R-RB/Class 1A2
Amount Paid: \$75.00 R.O.S.
10/16/08

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.

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

Use Tax Statement for Legal Description

Legal Description 1/4 of 25 1/4 of Section 25 Township 49N North, Range 05 West, Town of Barksdale
Gov't Lot 34 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 6.16

Volume 174 Page 170 of Deeds Parcel I.D. 002#-1029-03

Property Owner Jerome + Debra Hadak Contractor SELF (Phone) _____

Address of Property 30200 Mission Springs Rd Plumber _____

Ashland, WI 54881 Authorized Agent _____ (Phone) _____

Telephone 682-6232 (Home) 682-5231 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____

Distance from Shoreline: greater than 75' 75' to 48' less than 40'

Structure: New Addition _____ Existing _____

Basement: Yes _____ No Number of Stories 1

Fair Market Value \$14,000 Square Footage 768

Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____

Type of Septic/Sanitary System Septic Tank
 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. _____

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) _____

Special/Conditional Use (explain) _____

Residential Accessory Building (explain) Garage

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) Jerome Hadak Date OCT 15, 2008

Address to send permit 1103 Beaser Ave, Ashland, WI 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 10/22/08

Permit Number 08-0582 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Site was staked and west property line cleared with survey stakes By Travis Tubowitzky Date of inspection 10/20/2008

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

Condition: No human habitation.

Signed _____

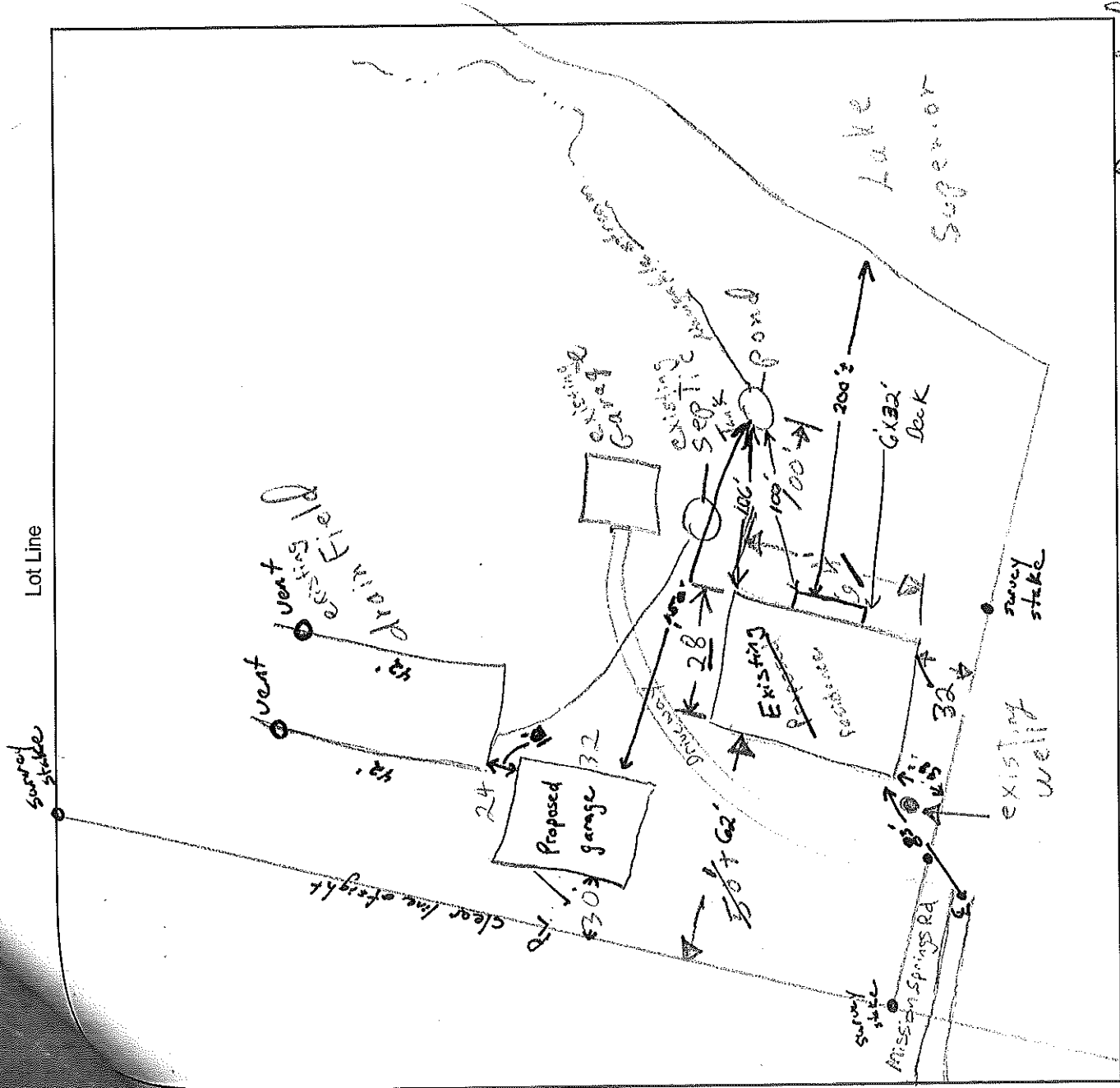
Travis Tubowitzky Inspector

Rec'd for Issuance

10/20/2008 Date of Approval

OCT 22 2008

Secretarial Staff



Recorded

Vol 174
Pg 170

Bay Field City
Register of
Deeds

Name of Frontage Road (Mission Springs

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 (a-o) COMPLETELY.

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building