

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
 NOV 22 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0439
 Date: 10/5/11
 Zoning District: R-1
 Amount Paid: \$1105.00
#175 TBA 10/5/11

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 Swd 1/4 of SW 1/4 of Section 19 Township 48 North, Range 5 West Town of BRADSDALE
 Gov't Lot _____ Lot 9 Block _____ Subdivision _____ CSM # _____ Acreage 5.32

Volume _____ Page _____ of Deeds Parcel I.D. 04-002-2-49-05-19-3-03-006-03000
 Property Owner RODERICK J & T PATRICIA ERIKSON Contractor DYKSTRA CONSTRUCTION (PHONE) 715-658-2699

Address of Property 1039 CORNER RD 1 BLOCK EAST Plumber BRODIN PLUMBING & HEATING
67 RANGE RD NORTH SIDE Authorized Agent _____ (Phone) _____

Telephone 906-344-5013 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If Yes _____

Structure: New Addition _____ Existing _____
 Fair Market Value 159,000 Square Footage 1,803
 USE: _____
 Distance from Shoreline greater than 75' 75 to 40' less than 40'

* Residence or Principal Structure (# of bedrooms) _____
 Basement: Yes No

Residence sq. ft. _____
 Porch sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Sanitary: New Existing _____ Privy _____ City _____

Deck sq. ft. _____ Deck(2) sq. ft. _____
 Type of Septic/Sanitary System CONVENTIONAL
 Commercial Principal Building
 Commercial Principal Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) 2
 Residence sq. ft. 1,303 Garage sq. ft. 400 (20x28)
 Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (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) Patricia Erikson Date 11/21/11
 Address to send permit 5011 ST. AUG 13 ASHLAND WI 54816 DYKSTRA ON 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 11-1295 Date 11-29-11
 Date 10/5/11 Permit Number 11-0439 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: SHEDS LOCATED AS PERMITTED BY OWNER. APPROX TO MEET STRUCTURE CODE
SPRINKS & REQUIREMENTS DO NOT MEET REQUIREMENTS BY DIC DATE OF INSPECTION 12-1-11

Mitigation Plan Required: Yes No
 Condition: A VARIANCE CHECKING CODE (COC) PERMIT FROM THE WORKING INSPECTIONS ALREADY MUST BE
OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Record for Issuance _____ Signed [Signature] Inspector _____
 Date of Approval 12-1-11

