

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 19 2010
 BY: _____

Application No.: 10-0498 ENTERED
 Date: _____
 Zoning District: F-1
 Amount Paid: \$180
11/22/10 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 NW 1/4 of NW 1/4 of Section 16 Township 48 North, Range 09 West, Town of Oulu

Gov't Lot 875 Lot _____ Subdivision _____ CSM # _____ Acreage 30

Volume 125 Page 28 of Deeds Parcel I.D. 018-103107 01-038-2-48-09-K-2 02 000 10000

Property Owner David J. & Cindy K. Joesten Contractor Northland Buildings, Inc. (Phone) (715) 395-5705

Address of Property 73900 Boulevard Rd Plumber _____

Iron River, WI 54847 Authorized Agent _____ (Phone) _____

Telephone (715) 325-3314 (Home) (715) 421-8485 (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

Fair Market Value \$60,000 Square Footage 2,560 Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____

* Residence sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (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) David J. Joesten Cindy K. Joesten Date 11-15-10

Address to send permit 5250 Manhattan Dr, Wis Rapids, WI 54494 ATTACH

* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____

Date 12/17/10 Permit Number 10-0498 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURE SATISFIES CONDITIONS AS REPRESENTED BY OTHER PERMITS TO BE CONCURRENT OF

CON. - PERMIT MAY BE ISSUED By DC Date of Inspection 11-30-10/12-14-10

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

Condition: STRUCTURE MAY NOT BE USED FOR ANY OTHER IDENTIFICATION OR WORK SINCE UNLESS ALL APPLICABLE

ZONING, SANITARY & DISTRICT CODES ARE FULLY MET

Signed [Signature] Inspector _____ Date of Approval 11-30-10/12-14-10

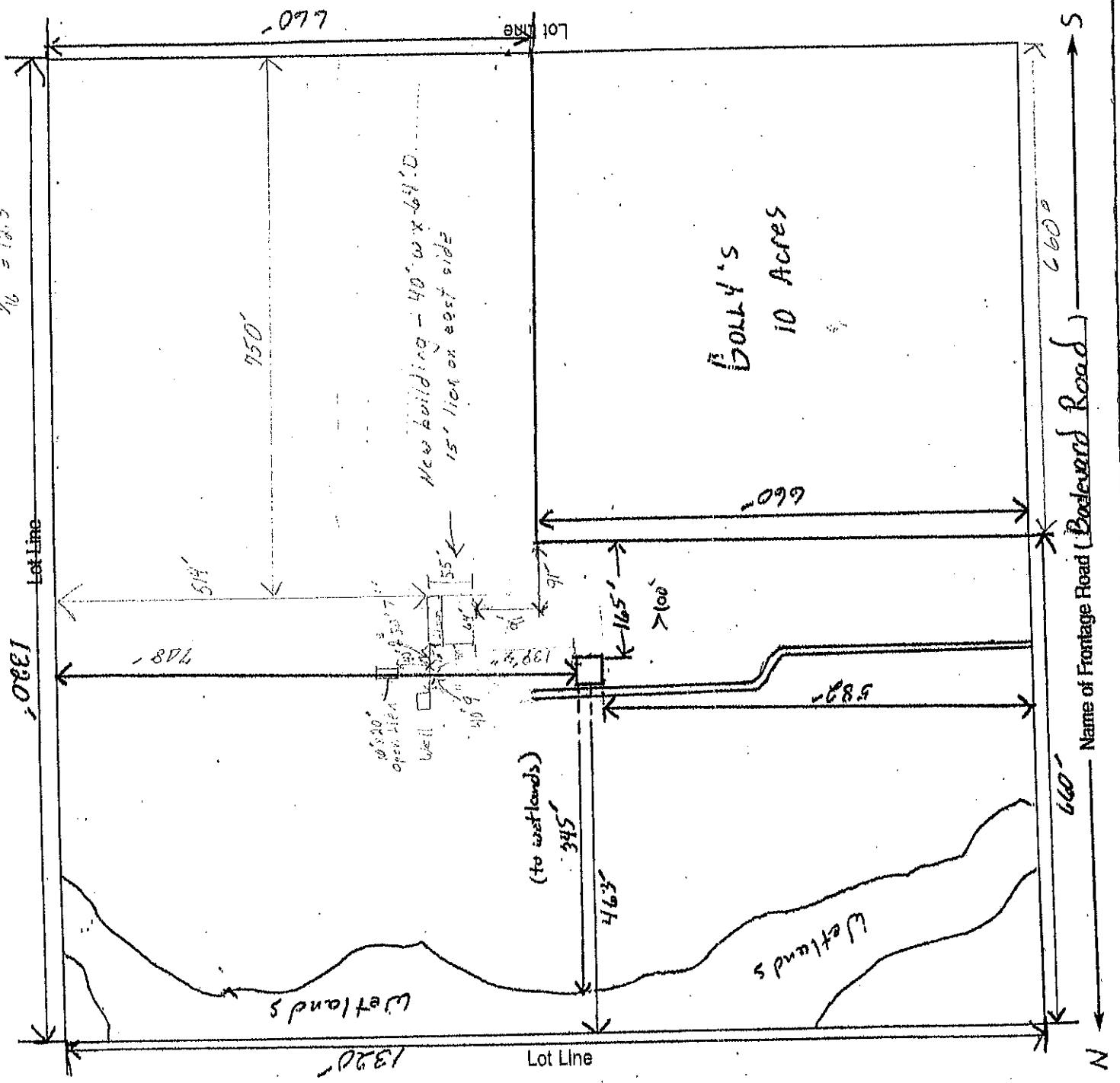
Record for Issuance _____

Processed ONLY SITE WILL DELETED

DEC 17, 2010

Secretarial Staff

SCALE = 1" = 200' (OFFICIAL)
 DRAWN BY CINDYL JOOSTEN
 $\frac{1}{16}" = 10.5'$



See Exploded View