

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
 AUG 31 2011

Bayfield Co. Zoning Dept.

Application No: 11-0006T
 Date: 9/9/11
 Zoning District: F-11/-
 Amount Paid: \$50.00 RDS
8/5/11

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 Var.

Use Tax Statement for Legal Description

Legal Description 5410 S 4th St 1/4 of S4 1/4 of Section 16 Township 48 North, Range 9 West, Town of OULU

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5

Volume _____ Page _____ of Deeds Parcel I.D. 06-038-2-48-09-10-3 03-000-20000

Property Owner Darick & Theresa Backhaus Contractor _____ (Phone) _____

Address of Property Iron River Wisc 54817 Howell Lane Rd Plumber _____ (Phone) _____

Telephone 715-591-8817 (Home) 715-591-4933 (Work) Authorized Agent _____ (Phone) _____

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 99K Square Footage 1280 Ft² Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System 4 ft.

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

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) [Signature] Date 8-22-11

Address to send permit 10626 S. Washington Ave Washfield WI 54499 ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 321292 Date 11-9-11

Date 9/9/11 Permit Number 11-0006T Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: RE EXISTING STRUCTURE Project on file 10-0021

RE EXISTING ONE CITY By DDC Date of Inspection 9-8-11

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

Condition: THE EXISTING NOTICE ABOVE MUST BE REVISED BY SEPTEMBER 8, 2012. c

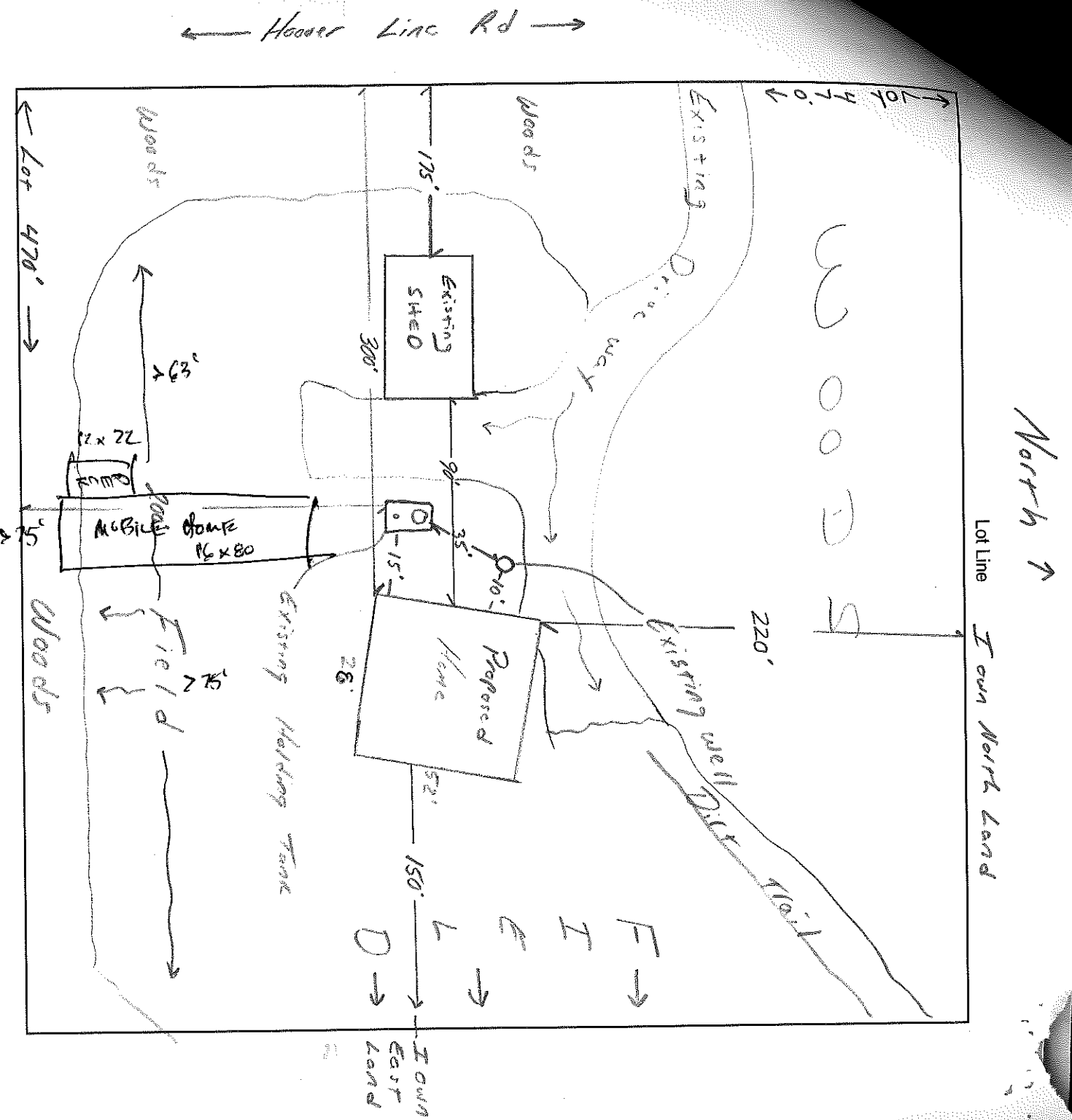
SINCE THE EXISTING NOTICE ABOVE IS "K" THE CITY WOULD IT MAY NOT BE REISSUED ANYWHERE IN BAYFIELD COUNTY

for issuance SEP 9 2011 Inspector _____ Date of Approval _____

DD-0021 Aerial Staff

Note - Village Deal is out of previous priority & req. 899.





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.