

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 09 2011

Application No: 11-0335
 Date: 9/21/11
 Zoning District: A-1/-
 Amount Paid: \$75
 9/19/11 emw

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 SE 1/4 of SW 1/4 of Section 23 Township 48 North, Range 9 West, Town of Dulac Acreage 40

Govt Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____
 Volume 1065 Page 307 of Deeds Parcel I.D. 038-1050 - 10000 04-638-248-04-23-3 04-000-10000

Property Owner John and Kristina Kazarik Contractor Arrow Building Center (Phone) 715-556-7656

Address of Property 5360 County Highway B Plumber _____
 Iron River, WI 54847 Authorized Agent _____ (Phone) _____

Telephone 715-492-2740 (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 1
 Fair Market Value \$24,000 +/- Square Footage 1680 (40x42) Sanitary: New _____ Existing Privy _____ City _____

USE: Type of Septic/Sanitary System ~~septic~~ holding tank

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____
 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) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) Pole barn left for _____
 External Improvements to Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____
 External Improvements to Principal Building (explain) _____

Residential Other (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) John Kazarik Date 9-6-11
 Address to send permit 5360 County Highway B Iron River, WI 54847 ATTACH

* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Permit Number 11-0335 Permit Denied (Date) _____

Date 9/21/11 Reason for Denial: _____
 Any fees _____

Inspection Record: Proposed ~~septic~~ holding tank addition is represented by added Appendix to meet all ~~state~~ requirements & permit by DDC Date of Inspection 9-20-11

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

Condition: _____

Signed [Signature] 9-20-11
 Inspector Rec'd for Issuance Date of Approval _____

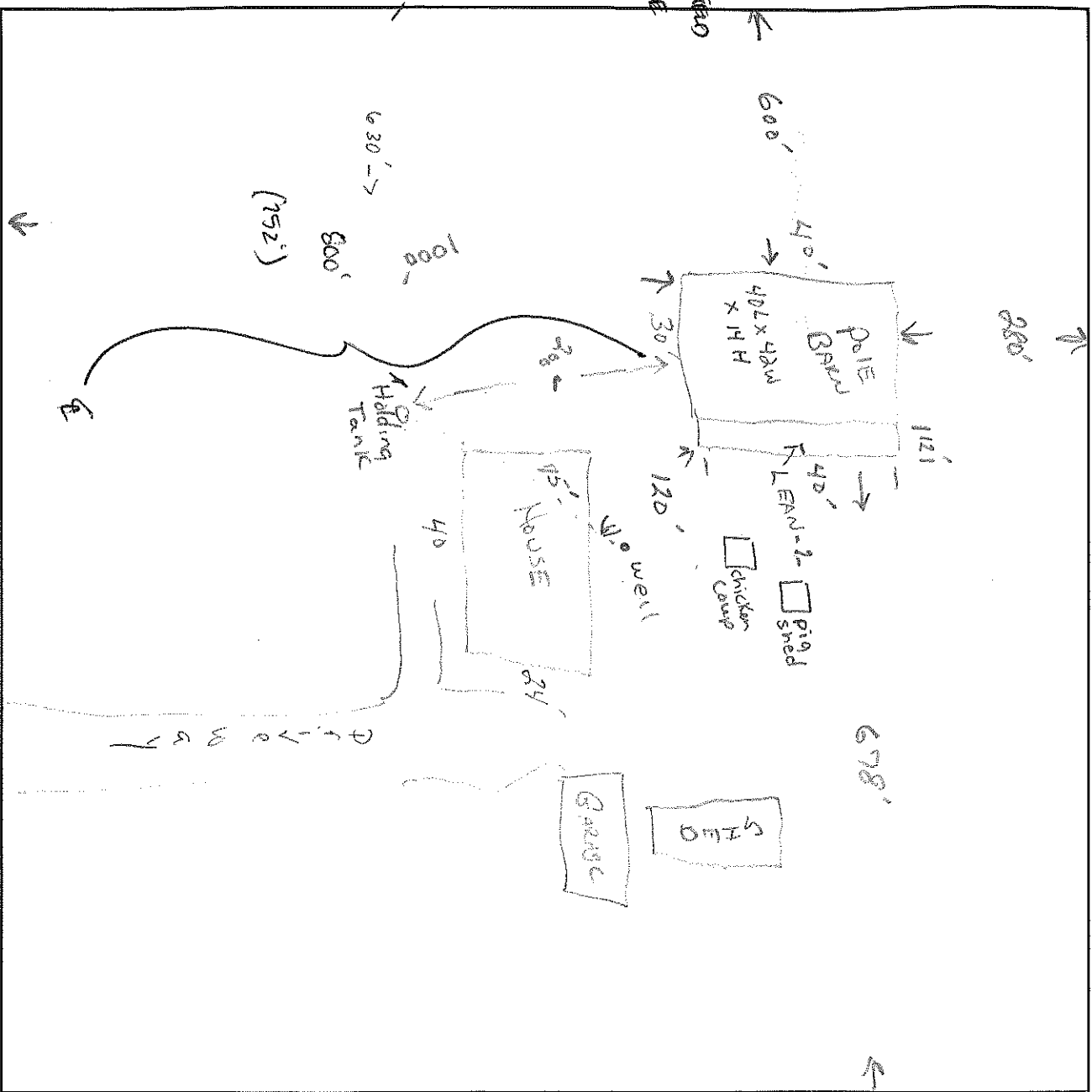
Ac Kete Pava 730 x 730

SEP 21 2011

Secretarial Staff



Lot Line



Name of Frontage Road (County Highway B)

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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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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.