

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 17 2011

Bayfield Co. Zoning Dept.

Application No: 11-08977
 Date: 8/05/2011
 Zoning District: R-4/-
 Amount Paid: \$75.00 205
8/17/11

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 SW 1/4 of SE 1/4 of Section 22 Township 50 North, Range 8 West, Town of Port Wing

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 0

Volume 208 Page 304 of Deeds Parcel I.D. 04042250082240300020000

Property Owner David C Olsen Contractor Self (Phone) _____

Address of Property 10720 TOWNE RD Plumber _____ (Phone) _____

Telephone 715 774-3634(Home) SAME (Work) _____

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

Structure: New _____ Addition Existing _____

Fair Market Value \$15,000.00 Square Footage 96

USE: _____ Type of Septic/Sanitary System On Vestibule

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

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

Residence sq. ft. _____

Deck sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____

Residential Addition / Alteration (explain) Expand Porch 12x8

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (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 C Olsen Date 8-17-11

Address to send permit _____

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 _____ Date _____

Date 8/05/2011 Permit Number 11-08977 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Student workers/draftsmen AS terminated by cable workers to be code compliant

\$00 Permit will be issued By DR Date of Inspection 8-24-11

Mitigation Plan Required: Yes No

Condition A FIVE (5) FOOT SQUARE SPACE TO AN EXISTING SEPTIC PUMP MUST BE MAINTAINED

Variance (B.O.A.) # _____

Rec'd for Issuance _____ Signed [Signature] Date of Approval 8-23-11

1691 E _____ AUG 25 2011 _____

Secretary Staff _____

ZASNY AS



Rising Locks

167.65 Feet

Another top of hill

166.57 Feet