

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
 APR 24 2008
 Bayfield Co. Zoning Dept.

Application No.: 08-0115
 Date: _____
 Zoning District: F-1
 Amount Paid: \$75.00 PDS
4/25/08

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 _____
 Legal Description N990' 1/4 of NE 1/4 of Section 11 Township T48 North, Range 08 West, Town of TRIPP
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
 Volume _____ Page _____ of Deeds _____ Parcel I.D. # 04-048-2-48-08-11-1 Use Tax Statement for Legal Description 01-000-10000
 Property Owner MIKE ST. AUBIN Contractor CARDS BUILDING INC. (Phone) 715-398-5857
 Address of Property 74825 NORTH McLENN RD Plumber _____
TRON RIVER Authorized Agent _____ (Phone) _____

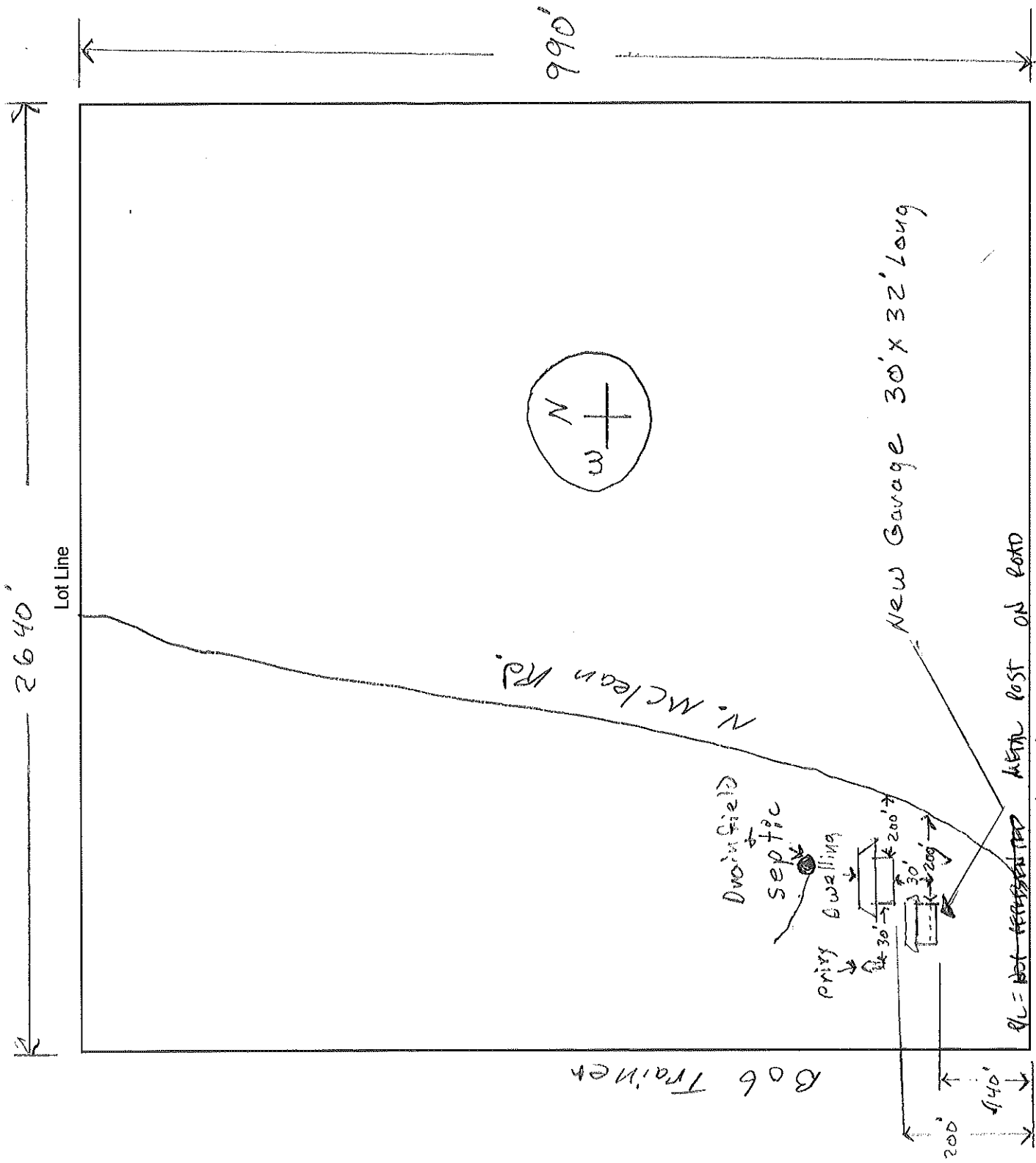
Telephone 920-993-9620 (Home) 920-968-6409 (Work) Written Authorization Attached: Yes No
 Is your structure in a Shoreland Zone? Yes No If Yes, _____
 Structure: New Addition _____ Existing _____ Basement: Yes _____ No _____
 Estimated Cost of Construction 12,813.00 Square Footage 960 Sanitary: New _____ Existing Number of Stories _____
USE: Residence or Principal Structure (# of bedrooms) _____ City _____
 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) _____
 Residential Accessory Building (explain) Garage Special/Conditional Use (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) Mike St. Aubin Date 4-22-08
 Address to send permit 802 E HARRISON ST. APPLETON WI 54915 ATTACH _____
 * See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number 367575 Date 2001
 Date 5/8-08 Permit Number 08-0115 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: Structure served i site conditions as requested by caller. Mean to the code compliance & to permit pay to USWD BY DAC Date of Inspection 4-6-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Alt view - County/Neary Review Results Signed [Signature] Inspector _____ Date of Approval 4-6-08
1280 W. Cleary - Reverse Rec'd for Issuance
 MAY 08 2008
 Secretarial Staff



Name of Frontage Road (N. McLean Rd)

Note - corner staked BODG site

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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P.O. Box 58
Washburn, WI 54891
(715) 373-6138

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

R E C E I V E
JAN 22 2008

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.

Bayfield Co. Zoning Dept.

Application No.: 08-0120
Date: _____
Zoning District: A9-1/3
Amount Paid: _____

No Underlying Inquiries

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Legal Description NW 1/4 of SW 1/4 of Section 30 Township 48 North, Range 2 West, Town of TRIPP

Gov't Lot --- Lot --- Block --- Subdivision --- CSM # --- Acreage ±40

Volume 981 Page 120 of Deeds Parcel I.D. # 048-1042-08-000 Use Tax Statement for Legal Description

Property Owner JAMES PETERSON SONS, INC. Contractor OWNER (Phone) 715-748-3035

Address of Property ±7100 RANGELINE ROAD Plumber N/A

IRON RIVER WI Authorized Agent RAUFI FROSTMAN (Phone) 715-372-4522

Telephone --- (Home) 715-748-3035 (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 NA Addition _____ Existing _____ Square Footage _____ Sanitary: New NA Existing _____ Privy _____ City _____

Estimated Cost of Construction _____

USE: * Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

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

Residence sq. ft. _____

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

Residence sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Special/Conditional Use (explain) NON-METALLIC MINING

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

Mobile Home (manufactured date) _____

Commercial Principal Building _____

Commercial Principal Building Addition (explain) _____

Commercial Accessory Building (explain) _____

Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____

Owner or Authorized Agent (Signature) John M. Peterson Date 12/18/07

Address to send permit (sent to Agent)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

ATTACH Copy of Tax Statement

Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number _____ Date _____

Date 5/9/08 Permit Number 08-0120 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: INSPECTED CONDUCTED LUT TO Z.C. AGY. SITE AREAS SUITABLE FOR NON-METALLIC USE

MINIATURE SHEET ADJUST TO SITE

PERMIT READY Z.C. APPROVAL By DOC Date of Inspection 4/2/08 2007

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

Condition: See Z.C. APPROVAL

Record for _____

Secretary of State

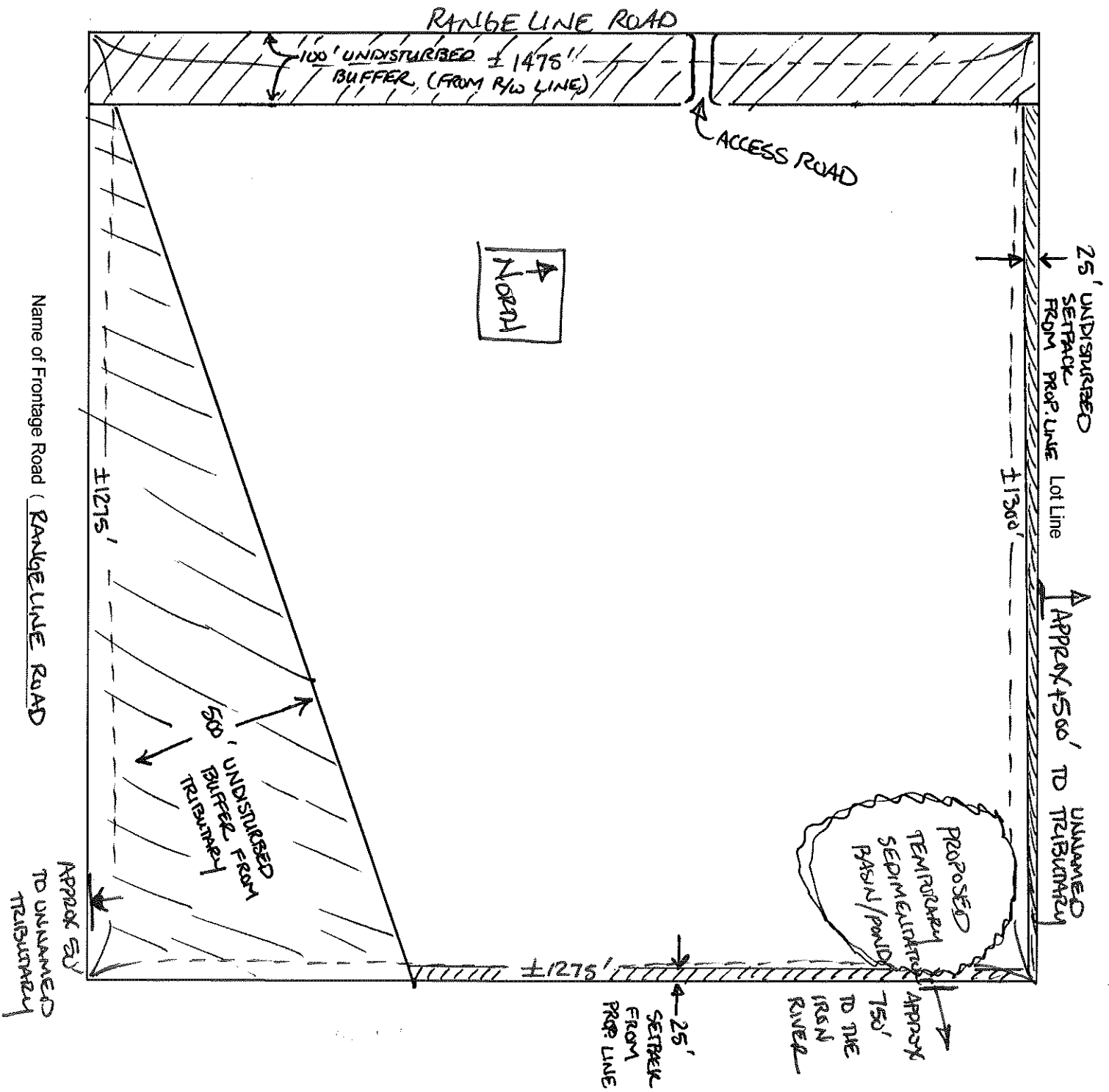
Signed [Signature] Inspector

Date of Approval 4-30-08

APPROVED BY ZONING

DATE MAY 10 2008

SECRET



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N). NA
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage) NA
3. Show the location of the well, septic tank and drain field. NA
4. Show the location of any lake, river, stream or pond if applicable. NA
5. Show the approximate location of other existing structures. NONE
6. Show the approximate location of any wetlands or slopes over 20 percent. NONE
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines NA b. Building to centerline of road NA c. Building to lake, river, stream or pond NA d. Septic tank to closest lot line NA e. Septic tank to building NA f. Septic tank to well NA g. Septic tank to lake, river, stream or pond NA h. Privy to closest lot line NA 	<ol style="list-style-type: none"> i. Privy to building NA j. Privy to lake, river, stream or pond NA k. Drain field to closest lot line NA l. Drain field to building NA m. Drain field to well NA n. Drain field to lake, river, stream or pond. NA o. Well to building NA
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