

ENTERED
1

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED

MAR 15 2010

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

Application No.: 10-0045
Date: _____
Zoning District: A-1-f-
Amount Paid: 450 3/15/10
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 NE 1/4 of Section 21 Township 18 North, Range 08 West, Town of TRAPP
Gov't Lot - Lot - Block - Subdivision - CSM # - Acreage 39.265

Volume - Page - of Deeds Parcel I.D. 04-048-2-58-08-21-1 02-000-10000

Property Owner ARTHUR H. BREDESON Contractor GRANGER BUSINESS INC (Phone) 715-278-3869
Address of Property 2695 MANNIK RD Plumber BRANKIN PLUMBING & HEATING INC

Telephone 920-583-3671 (Home) _____ (Work) _____
Authorized Agent YANKE D GRANGER (Phone) 715-278-3269

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 _____
Fair Market Value 150,000.00 Square Footage 2,884
Basement: Yes No _____ Number of Stories 1
Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) Garage 832
Basement 1,352

Residence sq. ft. _____
Deck sq. ft. _____
 Deck(2) sq. ft. also
 Residence w/attached garage (# of bedrooms) _____
Garage 832

Residence sq. ft. 1352
 Residential Addition Alteration (explain) 20' x 25' addition 520
 Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____

Commercial Other (explain) _____
 Special/Conditional Use (explain) _____

External Improvements to Principal Building (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) Yankee D Granger Date 3/10/2010
Address to send permit 65166 MAIN STREET MARESCO, WI. 54885 ATTACH _____

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 10-035 Date 3-9-10

Date 3-22-10 Permit Number 10-0045 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Safety/Conditions As Represented by Other Agency to Meet All Code Requirements & Permit City By DJ
Date of Inspection 3-19-10

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

Condition: _____

Signed [Signature] Inspector

Date of Approval 3-15-10
Rec'd for Issuance

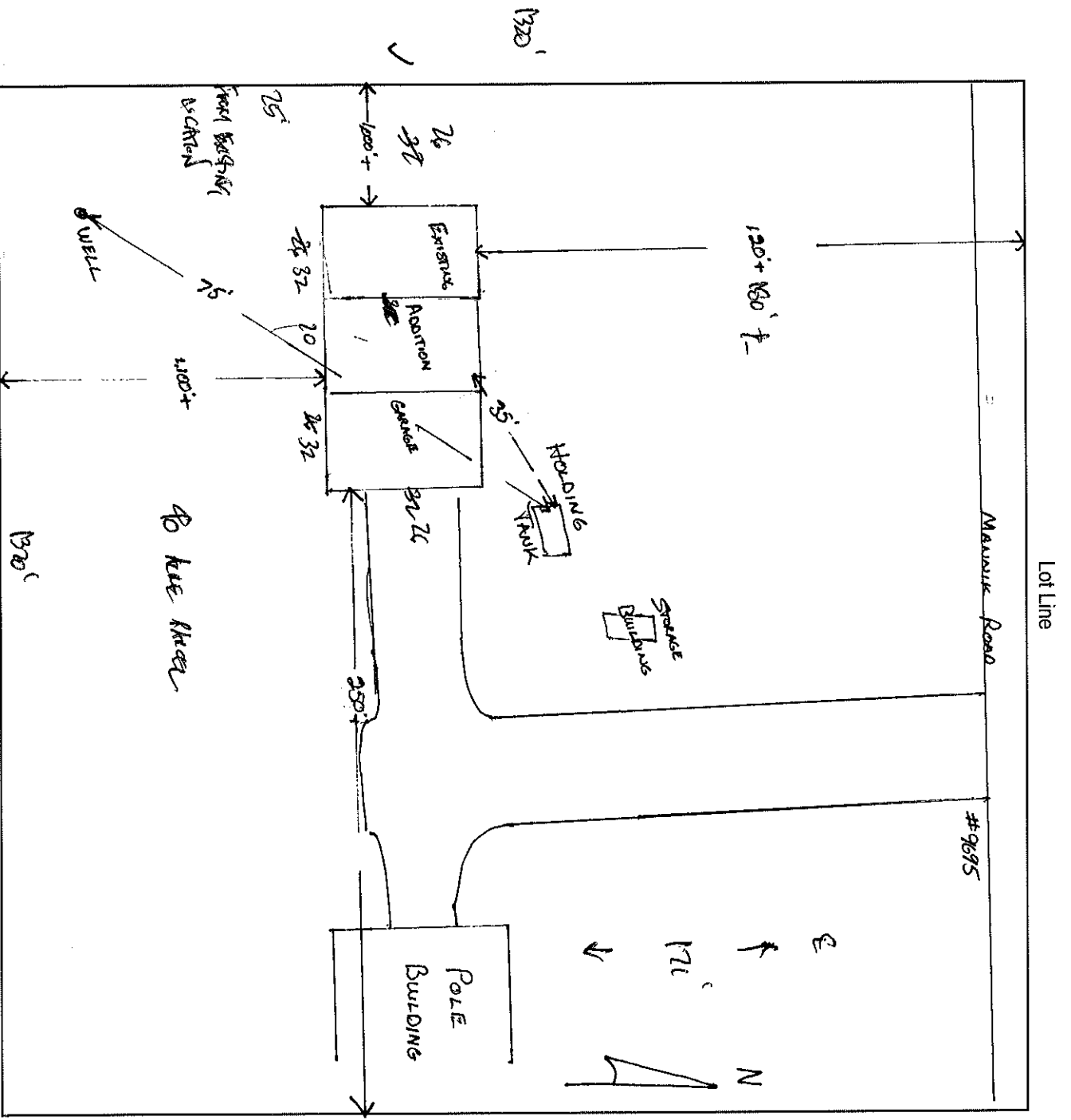
NOTE - SEE BUREAU OF PERMITS FOR CODE

98-0305 98-685 - COLLECTIONS OF MAY & JUNE

MAR 22 2010

03-707

Secretarial Staff



Name of Frontage Road (Masauk Road)

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

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

*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.