

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)  
**RECEIVED**  
 APR 22 2015

**ENTERED**

|              |          |
|--------------|----------|
| Permit #:    | 15-00558 |
| Date:        | 7-20-15  |
| Amount Paid: | \$ 8205  |
| Refund:      | 7-20-15  |

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 Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →  LAND USE  SANITARY  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **John + Stephanie Rautio** Mailing Address: **Po Box 41 Iron River WI 54847** City/State/Zip: **Iron River WI 54847** Telephone: **715-213-0558**

Address of Property: **Hawes line Rd** City/State/Zip: **Dulu WI 54847** Contractor Phone: **715-292-1912** Plumber: **Dulu WI 54847** Cell Phone: **715-292-2646**

Contractor: **Scott Nielson** Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **715-292-1912** Agent Mailing Address (include City/State/Zip): **Dulu WI 54847** Written Authorization Attached  Yes  No

PROJECT LOCATION: **Sub 1/4, P12 1/4** Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ GSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section **34**, Township **48** N, Range **09** W Town of: **Dulu** Lot Size: **1320 x 1320** Acreage: **40**

Legal Description: (Use Tax Statement) **Sub 1/4, P12 1/4** PIN: (23 digits) **04-038-2-48-09-34-2-03-000-10000** Volume **1130** Page(s) **273**

Recorded Document: (i.e. Property Ownership) \_\_\_\_\_

Shoreland →  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? **Yes** Distance Structure from Shoreline: **180** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  If yes--continue → Distance Structure is from Shoreline: \_\_\_\_\_ feet

If yes--continue →  No  Yes

Is Property in Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>*include donated time & material | Project                                              | # of Stories and/or basement                 | Use                                            | # of bedrooms                         | What Type of Sewer/Sanitary System is on the property?           | Water                                    |
|-----------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|------------------------------------------------|---------------------------------------|------------------------------------------------------------------|------------------------------------------|
| \$ <b>130,000</b>                                               | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story  | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City                          | <input type="checkbox"/> City            |
|                                                                 | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft      | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2            | <input checked="" type="checkbox"/> (New) Sanitary               | <input checked="" type="checkbox"/> Well |
|                                                                 | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story             | <input type="checkbox"/> _____                 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____   | <input type="checkbox"/> _____           |
|                                                                 | <input type="checkbox"/> Relocate (existing bldg)    | <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____        | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | <input type="checkbox"/> _____           |
|                                                                 | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement         | <input type="checkbox"/> _____                 | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)           | <input type="checkbox"/> _____           |
|                                                                 | <input type="checkbox"/> _____                       | <input type="checkbox"/> Foundation          | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____        | <input type="checkbox"/> Compost Toilet                          | <input type="checkbox"/> _____           |

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

| Proposed Use                                        | Proposed Structure                                                                                                                                           | Dimensions         | Square Footage  |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property)                                                                        | <del>26 x 44</del> | <del>1144</del> |
|                                                     | <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)                                                                              | <b>26 x 44</b>     | <b>1144</b>     |
|                                                     | with Loft                                                                                                                                                    | ( )                | ( )             |
|                                                     | with a Porch                                                                                                                                                 | ( )                | ( )             |
|                                                     | with (2 <sup>nd</sup> ) Porch                                                                                                                                | ( )                | ( )             |
|                                                     | with a Deck                                                                                                                                                  | <b>12 x 44</b>     | <b>528</b>      |
|                                                     | with (2 <sup>nd</sup> ) Deck                                                                                                                                 | <b>12 x 20</b>     | <b>240</b>      |
|                                                     | with Attached Garage                                                                                                                                         | <b>24 x 24</b>     | <b>288</b>      |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( )                | ( )             |
|                                                     | Mobile Home (manufactured date) _____                                                                                                                        | ( )                | ( )             |
|                                                     | Addition/Alteration (specify) _____                                                                                                                          | ( )                | ( )             |
|                                                     | Accessory Building (specify) _____                                                                                                                           | ( )                | ( )             |
|                                                     | Accessory Building Addition/Alteration (specify) _____                                                                                                       | ( )                | ( )             |
| <input type="checkbox"/> Municipal Use              | Special Use: (explain) _____                                                                                                                                 | ( )                | ( )             |
|                                                     | Conditional Use: (explain) _____                                                                                                                             | ( )                | ( )             |
|                                                     | 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 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(s): **John Rautio + Stephanie Rautio** Date **4-22-15**

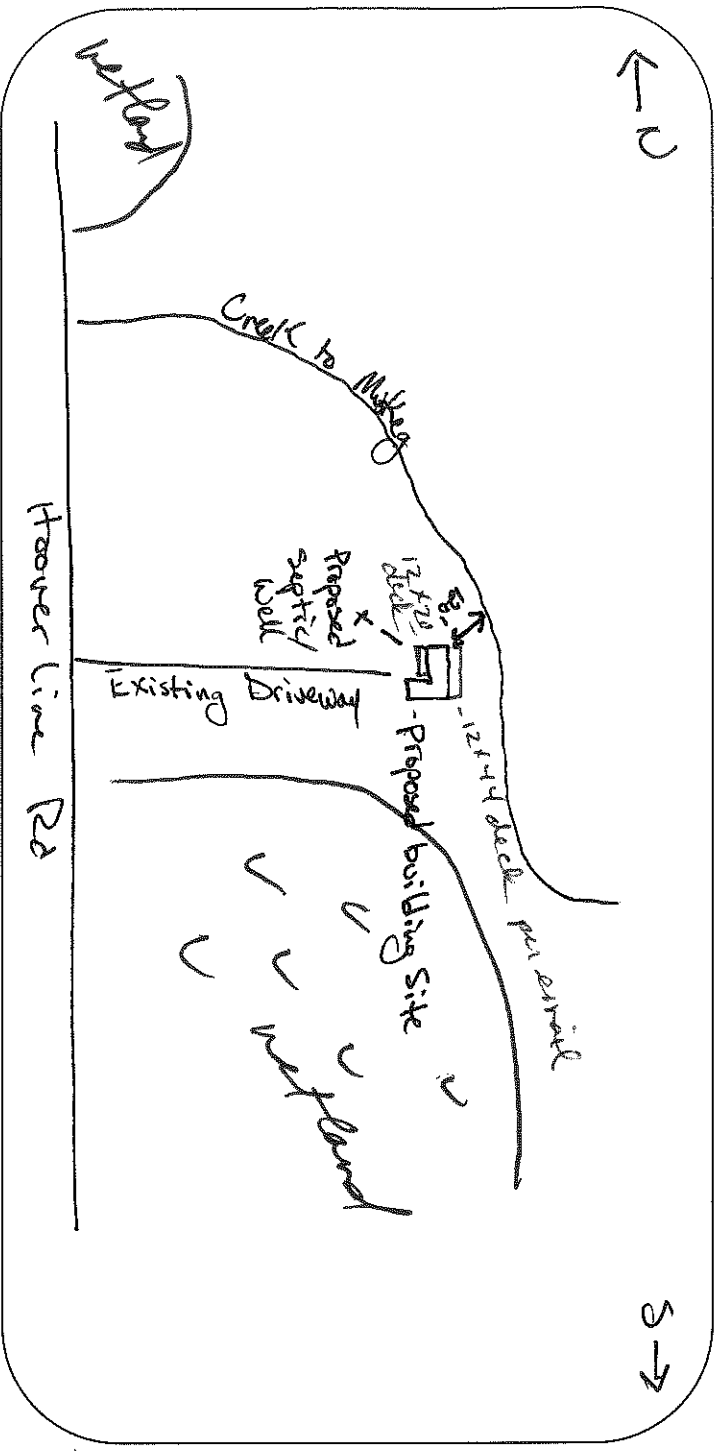
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **PO Box 41 Iron River WI 54847**

- Below: Draw or Sketch Your Property (regardless of what you are applying for)
- (1) Show Location of: Proposed Construction
  - (2) Show / Indicate: North (N) on Plot Plan
  - (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
  - (4) Show: All Existing Structures on your Property
  - (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
  - (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
  - (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)  
 (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement |
|---------------------------------------------|-------------|--------------------------------------------------|-------------|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | Feet        |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | 108 Feet    |
| Setback from the North Lot Line             | Feet        | Setback from the Bank or Bluff                   | Feet        |
| Setback from the South Lot Line             | Feet        | Setback from Wetland                             | 25 Feet     |
| Setback from the West Lot Line              | Feet        | 20% Slope Area on property                       | □ Yes □ No  |
| Setback from the East Lot Line              | Feet        | Elevation of Floodplain                          | Feet        |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | Feet        |
| Setback to Drain Field                      | Feet        |                                                  |             |
| Setback to Privy (Portable, Composting)     | Feet        |                                                  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

**Issuance Information (County Use Only)** Sanitary Number: 15-868 # of bedrooms: 3 Sanitary Date: 7-20-15  
 Permit Denied (Date): Reason for Denial:  
 Permit #: 15-0858 Permit Date: 7-20-15

Is Parcel a Sub-Standard Lot  Yes (Need of Record)  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  
 Is Structure Non-Conforming  Yes  No  
 Granted by Variance (B.O.A.)  Yes  No Case #: Previously Granted by Variance (B.O.A.)  Yes  No Case #:

Was Parcel Legally Created  Yes  No Were Property Lines Represented by Owner  Yes  No  
 Was Proposed Building Site Delineated  Yes  No Was Property Surveyed  Yes  No

Inspection Record: Met owner on site to discuss wetlands & boundaries. Must be 25' from mapped wetlands & no field in wetlands. Structure may be less than 75' from stream. Interior property inspected by: [signature] zoning. multiply stream  
 Date of Inspection: 7-20-15  
 Condition(s): Town, Committee or Board Conditions Attached?  Yes  No - (If No they need to be attached.)  
 Buildings shall be 25' from mapped wetland boundaries. a sale of East 40 acres shall require verification that the house on the west 40 acres has 75' setback compliance. PA 160 per condition  
 Signature of Inspector: [signature] Date of Approval: 7-20-15

Hold For Sanitary:  Hold For IBA:  Hold For Affidavit:  Hold For Fees:

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN



|              |          |
|--------------|----------|
| Permit #:    | 15-00000 |
| Date:        | 7-21-15  |
| Amount Paid: | \$925    |
| Refund:      | 7-21-15  |

RECEIVED  
 JUL 15 2015  
 BY: [Signature]  
 T. R. [Signature]  
 HES

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.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Josh Mieritz Mailing Address: 73275 Airport Rd Iron River WI 54847 Telephone: 715-372-6355

Address of Property: 73275 Airport Rd City/State/Zip: Iron River WI 54847 Cell Phone: \_\_\_\_\_

Contractor: Wicklund Enterprises Contractor Phone: 715-372-5220 Plumber: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

PROJECT LOCATION: ADJ 1/4, DE 1/4 Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s): \_\_\_\_\_

Section 14, Township 48 N, Range 9 W Town of: Duane Lot Size: \_\_\_\_\_ Acreage: 40

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?  If Yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property in Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

Value at Time of Completion \* include donated time & material: \$ 20000

| Project                                                 | # of Stories and/or basement                 | Use                                            | # of bedrooms                                    | What Type of Sewer/Sanitary System Is on the property?                                    | Water                                    |
|---------------------------------------------------------|----------------------------------------------|------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> New Construction               | <input type="checkbox"/> 1-Story             | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1                       | <input type="checkbox"/> Municipal/City                                                   | <input type="checkbox"/> City            |
| <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft      | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2                       | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion                     | <input checked="" type="checkbox"/> 2-Story  | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3                       | <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>holding tank</u>   | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Relocate (existing bldg)       | <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> _____                 | <input checked="" type="checkbox"/> <del>3</del> | <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Run a Business on Property     | <input type="checkbox"/> No Basement         | <input type="checkbox"/> Foundation            | <input checked="" type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/> _____           |
|                                                         | <input type="checkbox"/> Foundation          |                                                | <input type="checkbox"/> None                    | <input type="checkbox"/> Compost Toilet                                                   | <input type="checkbox"/> _____           |

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

| Proposed Use                                        | Proposed Structure                                                                                                                                         | Dimensions  | Square Footage      |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property)                                                                                                          | ( X )       |                     |
|                                                     | Residence (i.e. cabin, hunting shack, etc.)                                                                                                                | ( X )       |                     |
|                                                     | with Loft                                                                                                                                                  | ( X )       |                     |
|                                                     | with a Porch                                                                                                                                               | ( X )       |                     |
|                                                     | with (2 <sup>nd</sup> ) Porch                                                                                                                              | ( X )       |                     |
|                                                     | with a Deck                                                                                                                                                | ( X )       |                     |
|                                                     | with (2 <sup>nd</sup> ) Deck                                                                                                                               | ( X )       |                     |
|                                                     | with Attached Garage                                                                                                                                       | ( X )       |                     |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                     |
|                                                     | Mobile Home (manufactured date)                                                                                                                            | ( X )       |                     |
| <input checked="" type="checkbox"/> Municipal Use   | Addition/Alteration (specify) <u>Re-roof and add on screen porch</u>                                                                                       | ( 32 X 10 ) | 384 ft <sup>2</sup> |
|                                                     | Accessory Building (specify)                                                                                                                               | ( X )       |                     |
|                                                     | Accessory Building Addition/Alteration (specify)                                                                                                           | ( X )       |                     |
|                                                     | Special Use: (explain)                                                                                                                                     | ( X )       |                     |
|                                                     | Conditional Use: (explain)                                                                                                                                 | ( X )       |                     |
|                                                     | Other: (explain)                                                                                                                                           | ( X )       |                     |

Rec'd for Issuance: JUL 21 2015

Secretarial Staff

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.

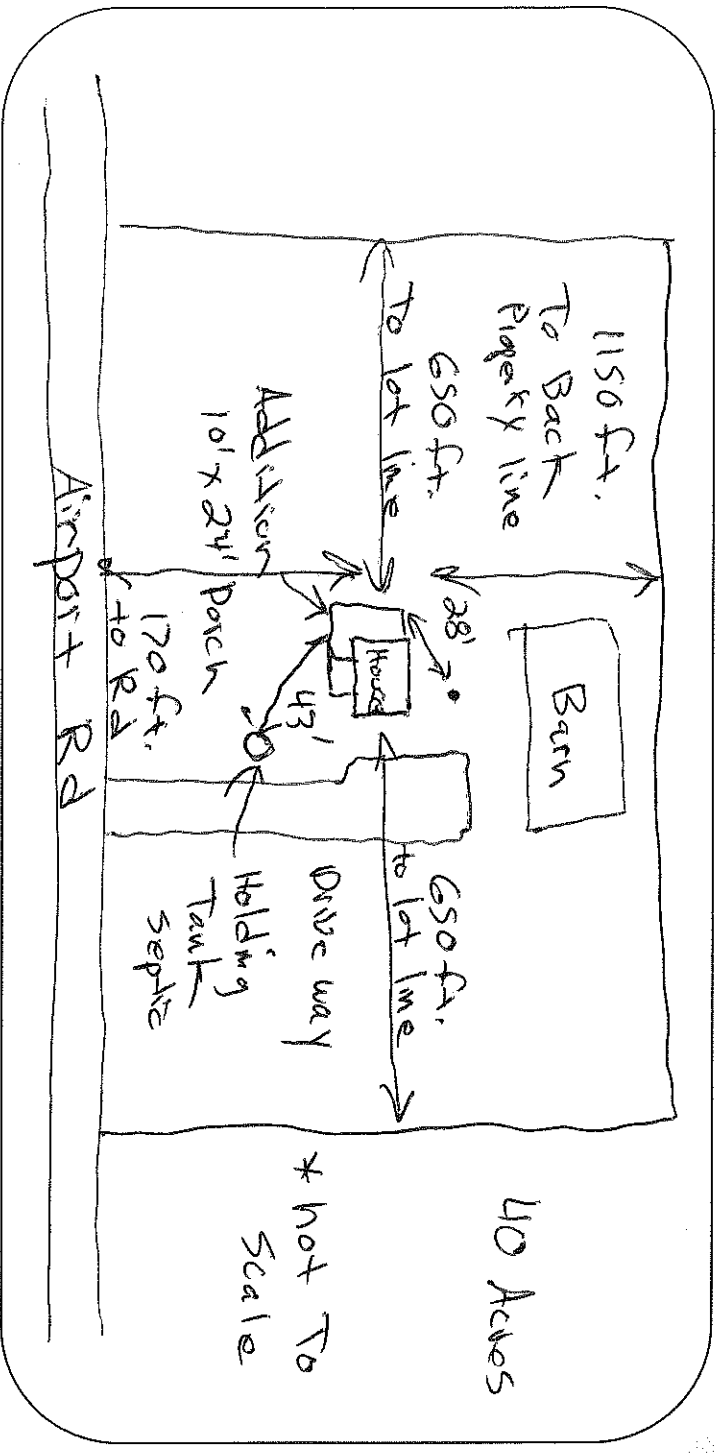
Owner(s): Josh Mieritz Date 7-15-2015  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement                                              |
|---------------------------------------------|-------------|--------------------------------------------------|----------------------------------------------------------|
| Setback from the Centerline of Platted Road | 180 Feet    | Setback from the Lake (ordinary high-water mark) | Feet                                                     |
| Setback from the Established Right-of-Way   | 150 Feet    | Setback from the River, Stream, Creek            | Feet                                                     |
| Setback from the North Lot Line             | 1300 Feet   | Setback from the Bank or Bluff                   | Feet                                                     |
| Setback from the South Lot Line             | 1300 Feet   | Setback from Wetland                             | Feet                                                     |
| Setback from the West Lot Line              | 1120 Feet   | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 180 Feet    | Elevation of Floodplain                          | Feet                                                     |
| Setback to Septic Tank or Holding Tank      | 43 Feet     | Setback to Well                                  | 28 Feet                                                  |
| Setback to Drain Field                      | Feet        |                                                  |                                                          |
| Setback to Privy (Portable, Composting)     | Feet        |                                                  |                                                          |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|                                                                                                     |                                                                                                                                            |                                                                                                                |                                                                                                                                            |                                                                                                        |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Issuance Information (County Use Only)</b>                                                       |                                                                                                                                            | Sanitary Number: <u>596 0280</u>                                                                               | # of bedrooms: _____                                                                                                                       | Sanitary Date: <u>7-15-96</u>                                                                          |
| Permit Denied (Date): _____                                                                         | Reason for Denial: _____                                                                                                                   | <u>Sold 4/12</u>                                                                                               | <u>(201104)</u>                                                                                                                            |                                                                                                        |
| Permit #: <u>15-02803</u>                                                                           | Permit Date: _____                                                                                                                         | <u>HT - Farmers exempt. 7-31-15</u>                                                                            |                                                                                                                                            |                                                                                                        |
| Is Parcel a Sub-Standard Lot<br>Is Parcel in Common Ownership<br>Is Structure Non-Conforming        | <input type="checkbox"/> Yes (Deed of Record)<br><input type="checkbox"/> Yes (Fused/contiguous Lots)<br><input type="checkbox"/> Yes      | <input type="checkbox"/> No<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> No           | Mitigation Required<br>Mitigation Attached                                                                                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: _____                                                                                                                              | Previously Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: _____                                                                                                                              |                                                                                                        |
| Was Parcel Legally Created<br>Was Proposed Building Site Delineated                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner<br>Was Property Surveyed                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                        |
| Inspection Record: <u>owner present to represent project</u>                                        |                                                                                                                                            |                                                                                                                |                                                                                                                                            |                                                                                                        |
| Date of Inspection: <u>7-20-15</u>                                                                  | Inspected by: <u>Stewart B. Murphy</u>                                                                                                     | Zoning District: <u>Res-1</u>                                                                                  | Lakes Classification: <u>N/A</u>                                                                                                           | Date of Re-Inspection: _____                                                                           |
| Condition(s): <u>Town, Committee or Board Conditions Attached?</u>                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)                                      |                                                                                                                |                                                                                                                                            |                                                                                                        |
| Signature of Inspector: <u>[Signature]</u>                                                          |                                                                                                                                            |                                                                                                                |                                                                                                                                            | Date of Approval: <u>7-20-15</u>                                                                       |
| Hold For Sanitary: <input type="checkbox"/>                                                         | Hold For TBM: <input type="checkbox"/>                                                                                                     | Hold For Affidavit: <input type="checkbox"/>                                                                   | Hold For Fees: <input type="checkbox"/>                                                                                                    |                                                                                                        |