

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
 REG TIME
 MAR 08 2009
 Bayfield Co. Zoning Dept

Application No.: 09-0166
 Date: _____
 Zoning District: EB
 Amount Paid: \$900 3/11/09
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 NE 1/4 of SW 1/4 of Section 14 Township SON North, Range 4 West, Town of Bayfield
 Gov't Lot B Block _____ Subdivision _____ CSM # _____
 Volume 926 Page 82 of Deeds Parcel I.D. 04-006-2-50-04-14-300-113-02000
 Property Owner John + Pamela Brindley Contractor Ideal Homes (Phone) 715-395-7979
 Address of Property Corner of Apple Hill Rd Plumber Blakeman Plumbing
+ Old Orchard Lane Authorized Agent Don Wendling (Phone) 210-389-3335
 Telephone 515-252-0675 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Fair Market Value 300,000 Square Footage 1420
 USE: 2331
 * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) 3 Deck 376
 Residence sq. ft. 1120 Garage sq. ft. 840
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes No _____ Number of Stories 1
 Sanitary: New _____ Existing _____ Privy City _____
 Type of Septic/Sanitary System attached
 Mobile Home (manufactured date) _____
 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 OF 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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) _____ Date 3/9/09
 Address to send permit Ideal Homes 1626 Elmira Ave, Superior, WI 54880 ATTACH _____
 * See Notice on Back

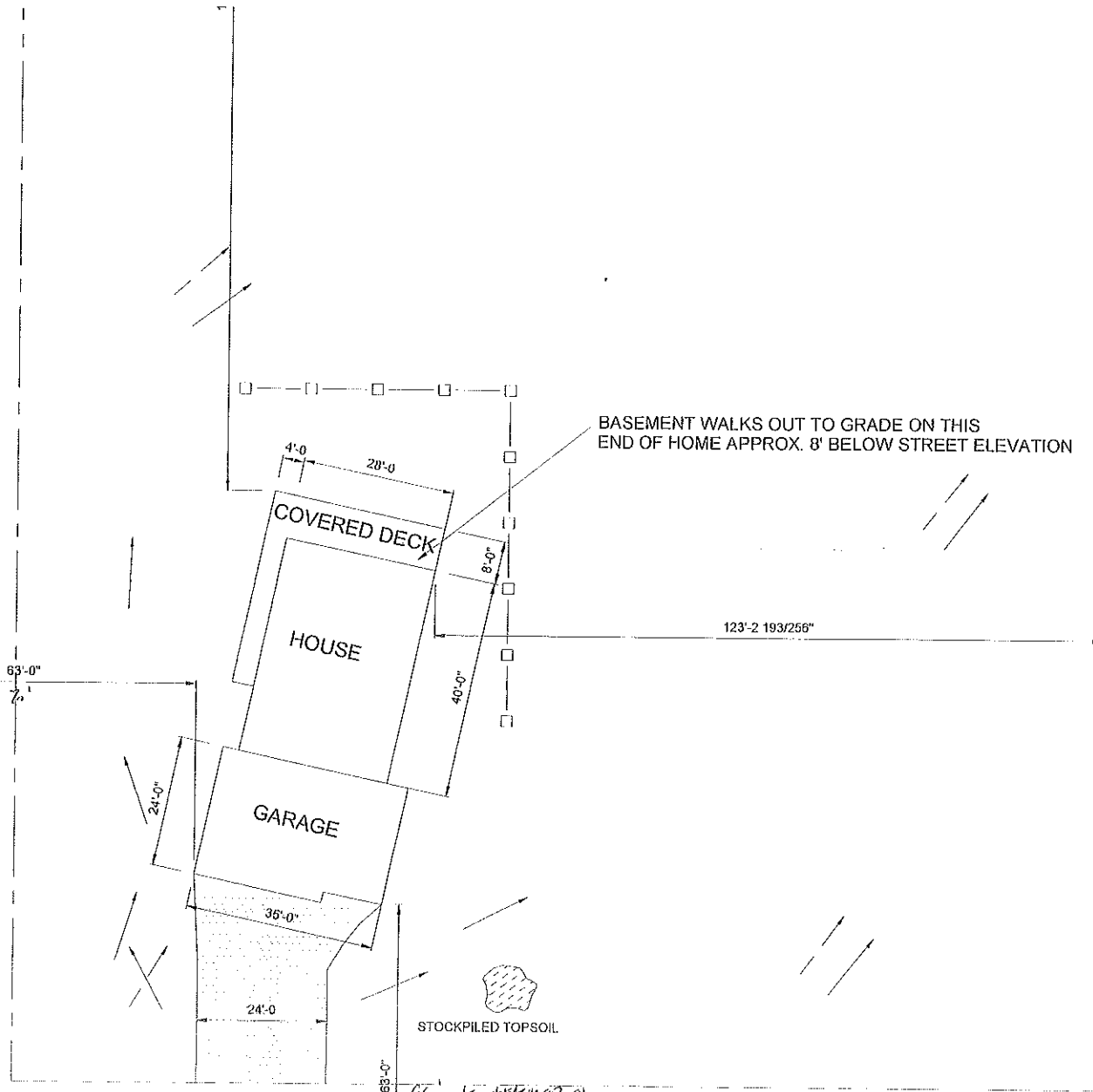
Copy of Tax Statement or
 (If you recently purchased the property
 Attach a Copy of Record Book (Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number V. Privy attend 5/28/09 Date 5/28/09
 Date 5/28/09 Permit Number 09-0166 Permit Denied (Date) _____
 Reason for Denial: _____ (Agent)
 Inspection Record: Structural Seperator/Condition AS REPRESENTED BY OWNER APPEALS TO BE
DOE COMPLAINT & PERMIT MAY BE ISSUED W/ CONDITIONS
 By DOE Date of Inspection 5-21-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A violation DUEING DOE (DOE) COUNT FOR THE LOCALY ENACTED VOL INSPECTION MEAS
MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.
NO FINING UNTIL MAY EITHER DOE SIGNED
ANY PLUMBING FIXTURES BE ALLOWED WITH THE
STRUCTURE UNLESS IT'S SEWER BY A SOURCE APPROVED ON SITE WASTE TREATMENT SYSTEM.
 Inspector ASDC Date of Approval 5-2-09

3/2/09 cannot verify any locations due to snowfall / 318 of Pass Not even servers off E

CENTER LINE OF ROAD
OLD ORCHARD ROAD



SCALE: 1" = 20'-0"

SYMBOL	KEY
---	PROPERTY
---	EXISTING
---	FINISHED
---	ROCK COI
---	ENTRANC

OG AS MEASURED ON
8-21-09

APPLE HILL ROAD
CENTER LINE OF ROAD

All of's existing noted