

AB ENTERED

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 FEB 16 2009 Bayfield Co. Zoning Dept

Application No: 09-0455 Date: Zoning District P-RB/1 Amount Paid: 175 R.O.S. 2/16/09

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. Legal Description: West 1/4 of Section 20 of CSA # 784, Lot # 50 of CSA # 1150, Township 50 N, Range 4 E, Section 14 of CSA # 1150, West Town of Bayfield, WI. Gov't Lot 2, Block 04-006-250-01, Subdivision 04-006-250-01, CSM # 04-006-250-01-05-001-400. Volume Page of Deeds Parcel I.D. # 04-006-0260. Property Owner SUSAN DEEGE Contractor NA (Phone) Address of Property 83570-83655 Hwy 13 Plumber RA (Phone) BAYFIELD WI 54814 Authorized Agent (Phone)

Telephone 715 779 5723 (Home) 56495 (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 Addition Existing X Basement: Yes No X Number of Stories 1 Estimated Cost of Construction Square Footage Sanitary: New Existing X Privy City

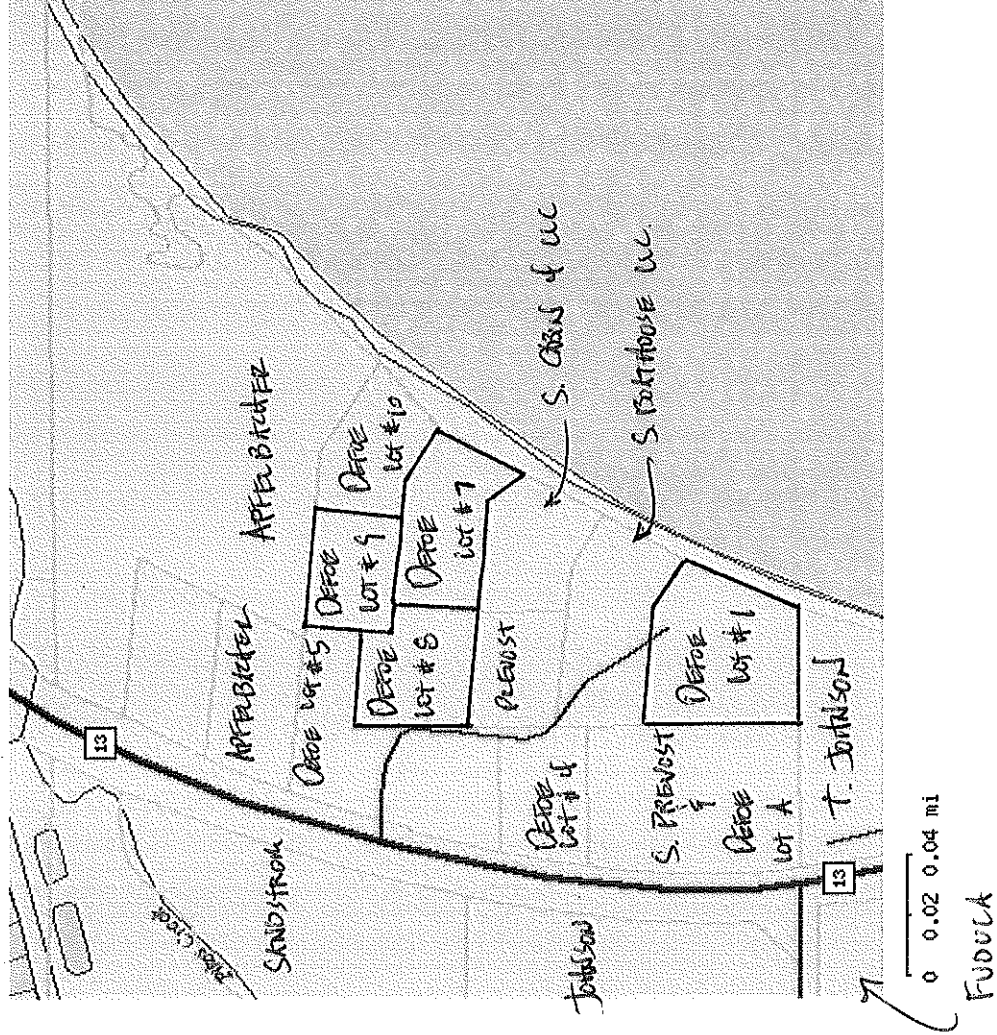
USE: * Residence or Principal Structure (# of bedrooms) * Residence w/deck-porch (# of bedrooms) * Residence w/attached garage (# of bedrooms) * Residential Addition / Alteration (explain) * Residential Accessory Building (explain) * Residential Accessory Building Addition (explain) * Residential Other (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) * Special/Conditional Use (explain) SHOOT TOWER REMOVAL * 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) Susan K Deege Date 2-16-09 Address to send permit P.O. Box 800 BAYFIELD WI 54814 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: 10/1/07 Permit Number 09-0455 Permit Denied (Date) Reason for Denial: Lack of existing & continuing guarantees of guaranteed SATC systems Inspection Record: Cultivation of existing use (Private) By DPC Date of Inspection 2-14-09 Mitigation Plan Required: Yes No X Variance (B.O.A.) # Condition: No add'l condns. plcd x Z.C.C. Signed [Signature] Inspector Rec'd for Issuance (9-01 Date of Approval OCT 1, 2009 Secretarial Staff SENT BY ZONING



NOTE - LOT # 4 & # 5 HAVE A MULTI-UNIT OVERLAY

LOT A ALSO HAS A MULTI-UNIT OVERLAY

