

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
 SEP 17 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0457
 Date: _____
 Zoning District: A-1
 Amount Paid: 25 9-17-09/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 NE 1/4 of Section 20 Township 50 North, Range 5 West, Town of Bayfield

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.25

Volume 437 Page 113 of Deeds Parcel I.D. 04-006-2-50-05-20-101-000-20000

Property Owner Loren P LePante Contractor Self
 Address of Property 26845 Star Route Plumber Self (Phone) _____
Bayfield, WI 54814 Authorized Agent _____ (Phone) _____

Telephone 715 779-3979 (Home) 209-3973 (Work)

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 1000.00 Square Footage 432 s.f.
 Sanitary: New _____ Existing Privy _____ City _____

Type of Septic/Sanitary System drain field
 Mobile Home (manufactured date) _____

* 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) _____
 Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) Lean to on pole building

Residential 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 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) Tom P LePante Date 9/17/09

Address to send permit Loren LePante - 26845 Star Route - Bayfield, WI 54814 ATTACH _____
 Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back
 APPLICANT -- PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 10/2/09 Permit Number 09-0457 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Spacing/Conditions as Represented by Avel - Appears to be Code Compliant
* Said Permit May Be Issued. By DR

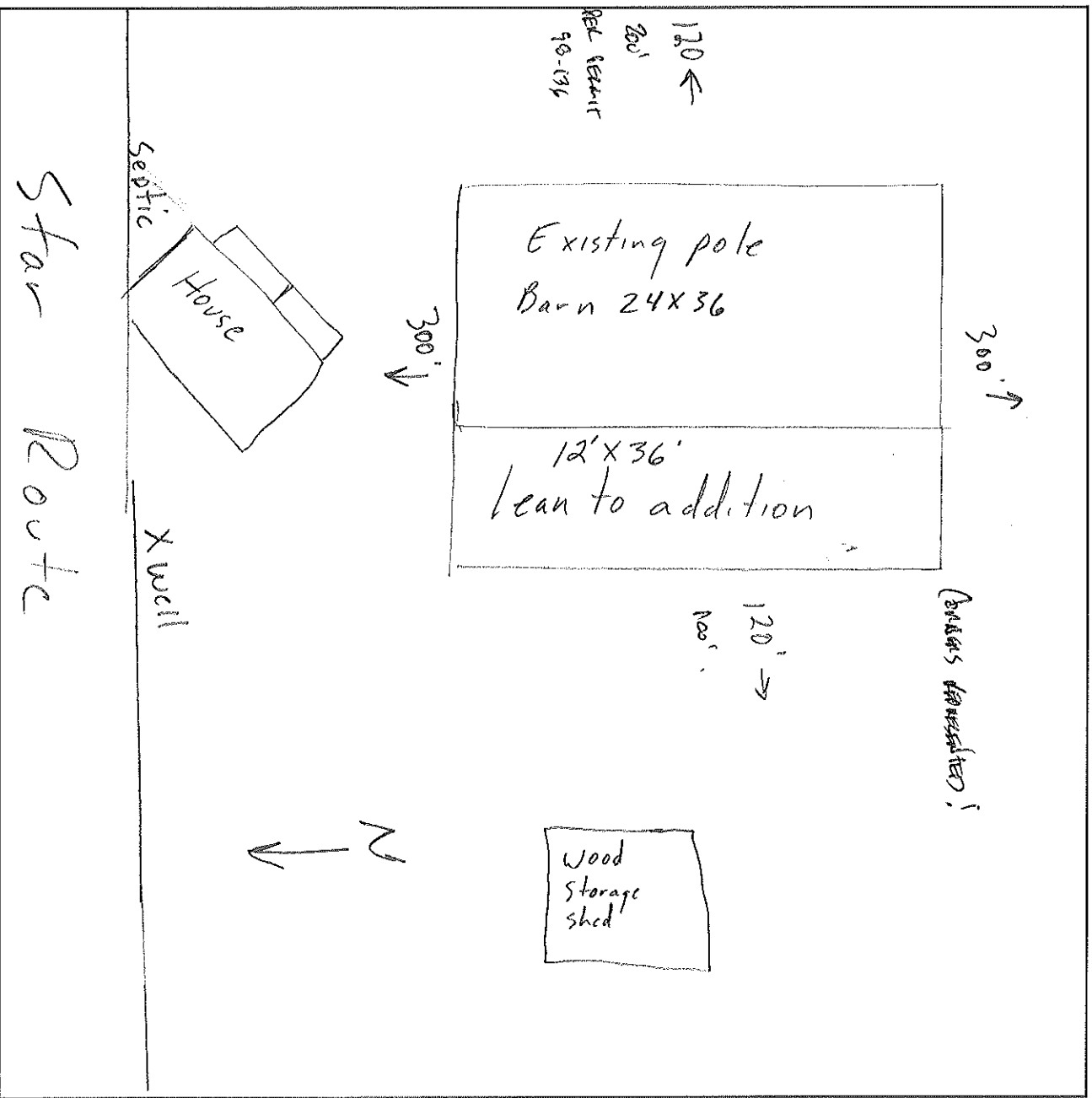
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____ Date of Inspection 10-1-09

Condition: _____ Rec'd for Issuance OCT 2 2009

Signed [Signature] Date of Approval 10-1-09
 Inspector _____ Secretarial Staff

How Avels Permits for work.
98-134
64-554

Lot Line



Name of Frontage Road (Star Route)

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

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (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, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.