

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 25 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0505
 Date: _____
 Zoning District: R-PO/-
 Amount Paid: \$1500.-
9/29/09 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: N1/4 of SE 1/4 of Section 15 Township 50 North, Range 4 West, Town of Bayfield
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # 1.275
 Volume _____ Page _____ Parcel I.D. 04-006-2-50-04-15-4 Acreage 00-111-12000

Property Owner: Thomas & Janine Heffelfinger
 Address of Property: Applied for sanitary in Bayfield, WI suburb
 Contractor: Lake Effect Builders (Phone) 715-209-0300
 Plumber: Ed Redinger
 Authorized Agent: Leoketeman (Phone) 715-209-0300

Telephone: _____ (Home) _____ (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 _____
 Fair Market Value 500,000 Square Footage 1800

Basement: Yes No Number of Stories _____
 Sanitary: New Existing _____ Privy _____ City _____

USE: _____
 Type of Septic/Sanitary System: MOUND
 Mobile Home (manufactured date) _____

* Residence or Principal Structure (# of bedrooms) _____

Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) 3

Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. 250

Commercial Accessory Building (explain) _____

Deck sq. ft. 575

Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____

Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____

Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____

Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____

External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Accessory Building (explain) _____

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) LEKEMAN Date 9/25/09

Address to send permit: 612 West 4th St. Washburn, WI 54891

ATTACH

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

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 09-1465 Date 10/21/09
 Date 10/23/09 Permit Number 09-0505 Permit Denied (Date) _____

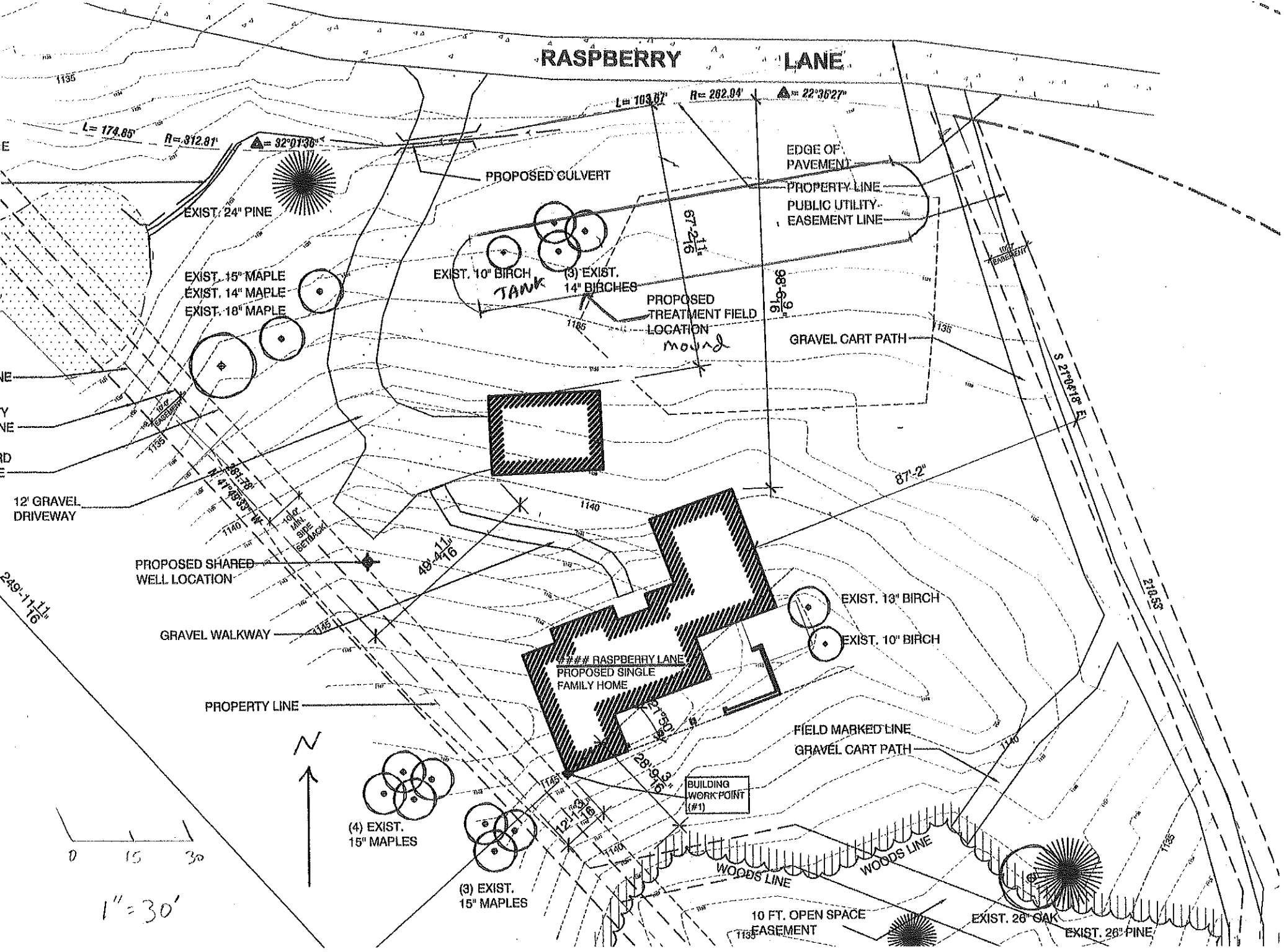
Reason for Denial: _____
 Inspection Report: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY AGENT APPEARS TO BE CODE COMPLIANT & NO PERMIT MAY BE ISSUED w/ CONDITIONS By DOL Date of Inspection 10-8-09

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

Condition: A UNIFORM DWELLING CODE (UDC) PERMIT FROM THE LOCALITY CONTRACTED UDC INSPECTOR AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Signed [Signature] Inspector
 Date of Approval 10-8-09
 Rec'd for Issuance

RASPBERRY LANE



0 15 30

1" = 30'