

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

JUN 01 2010

Application No: 10-0302
 Date: _____
 Zoning District: A1
 Amount Paid: 300
\$125 6/2/10 mg
\$175 for privity attend
175A \$150

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 5 1/2 SW SE 87
 Legal Description 1/4 of Section 4 Township 50 North, Range 4 West, Town of BAYFIELD

Gov't Lot _____ Lot _____ Block _____ Subdivision _____
 Volume 706 Page 115 of Deeds Parcel I.D. 04-006-2-50-04-04-03-000-50000

Property Owner Thomas J. Carlson Contractor Self (Phone) _____
 Address of Property Bayfield, WI 54814 Plumber _____
 Telephone 715-777-3254 (Home) _____ (Work) _____
 Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, located to site
 Structure: New _____ Addition _____ Existing _____
 Fair Market Value 100-00 Square Footage 520
 USE: 600-00 26500
 * Residence or Principal Structure (# of bedrooms) _____
 * 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) _____
 Residential Other (explain) cabin moved to site
 Type of Septic/Sanitary System *
 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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) _____ Date 6-1-10
 Address to send permit 86760 Valley Rd ATTACH _____
Bayfield, WI 54814 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 6/28/10 Permit Number 10-0302 Permit Denied (Date) _____
 Reason for Denial: _____
 Date JUN 2010 Secretary Shawn

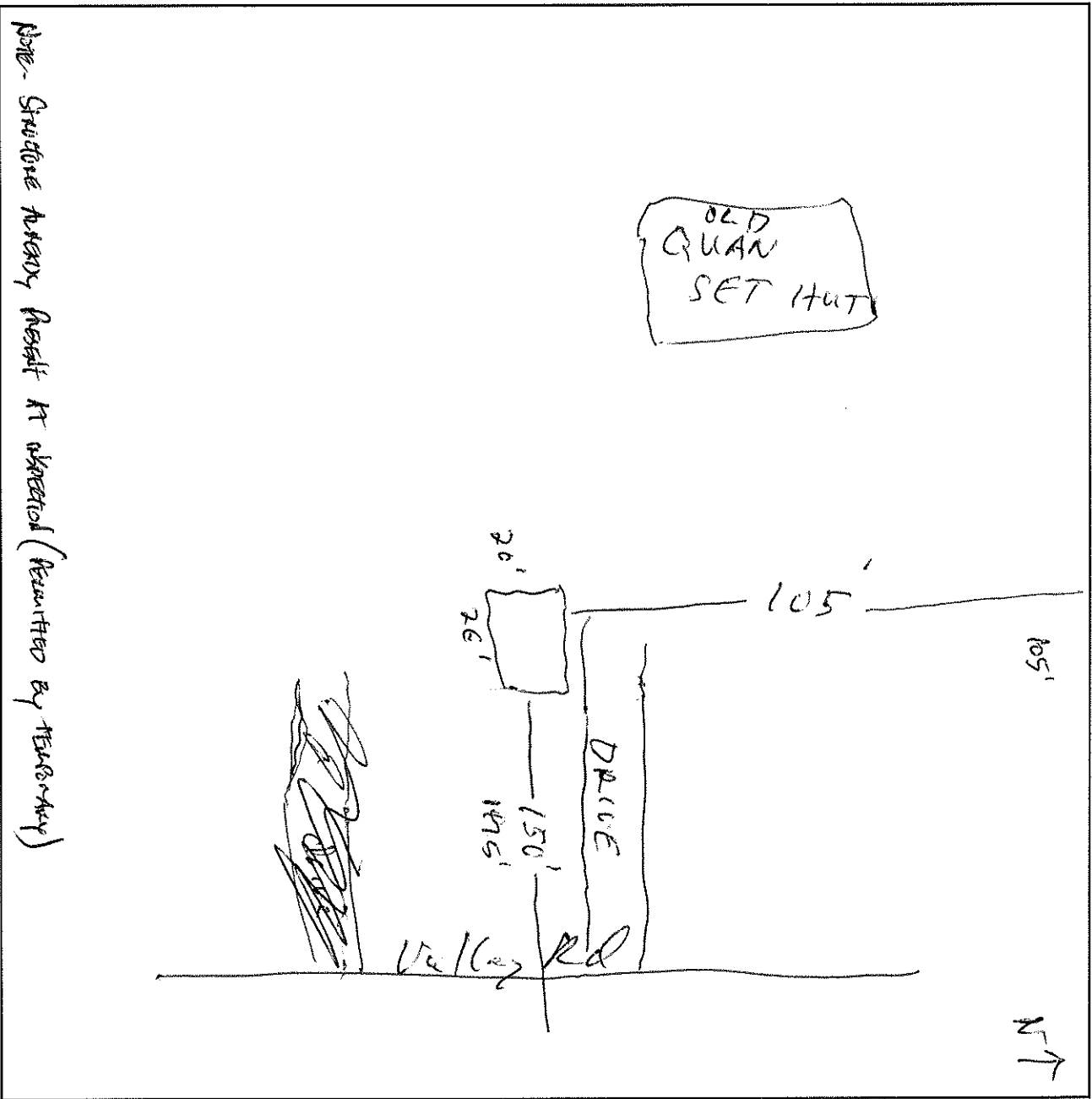
Inspection Record: STRUCTURAL GARAGES/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT @ 10 PERMIT MAY BE ISSUED BY CONDITIONS
 By DXC Date of Inspection 6-17-10

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A ULTIMATE DRAINING CODE (UDC) PERMIT FROM THE LOCALITY CONTACTED UDC INSPECTED MAY NOT BE OBTAINED PRIOR TO THE START OF CONSTRUCTION
NO WORKING UNDER MAY BE PERMITTED UNTIL THE STRUCTURE UNDER STRUCTURE IS
STARTING STAGES
PBA - GRANT USE PERMIT
 Signed _____ Inspector _____ Date of Approval _____

AS FIRST SEALED BY A SUTABLE & APPROVED WATER DISCHARGE SYSTEM.

9/2 = FREE USE

Lot Line



Name of Frontage Road (Valley Rd.)

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.