

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
JUN 27 2008
Bayfield Co. Zoning Dept.

\$100.00 (stairs to lake)

Application No: 08-0281
Date: _____
Zoning District: R-3, Class 1
Amount Paid: \$100.00 CAS
6/26/08

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 1 1/4 of Section 1 Township 44N North, Range 09W West. Town of Barnes
Gov't Lot 1 Lot 3 Block _____ Subdivision V.3, P.153 CSM # 119 Acreage 1.65
Volume 861 Page 654 of Deeds Parcel I.D. # 004-1037-04 003 Use Tax Statement for Legal Description

Property Owner Steven P. Hiesch Contractor Myself (Phone) _____
Address of Property 6290 Smith Lake Rd. Plumber _____
Barnes, WI 54873 Authorized Agent _____
Telephone 651-436-7297 (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 Basement: Yes No Number of Stories _____
Estimated Cost of Construction \$400.00 Square Footage 600 Sanitary: New Existing Privy City

USE:
 * 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) _____
 Residential Other (explain) Stairway to Lake handrails External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

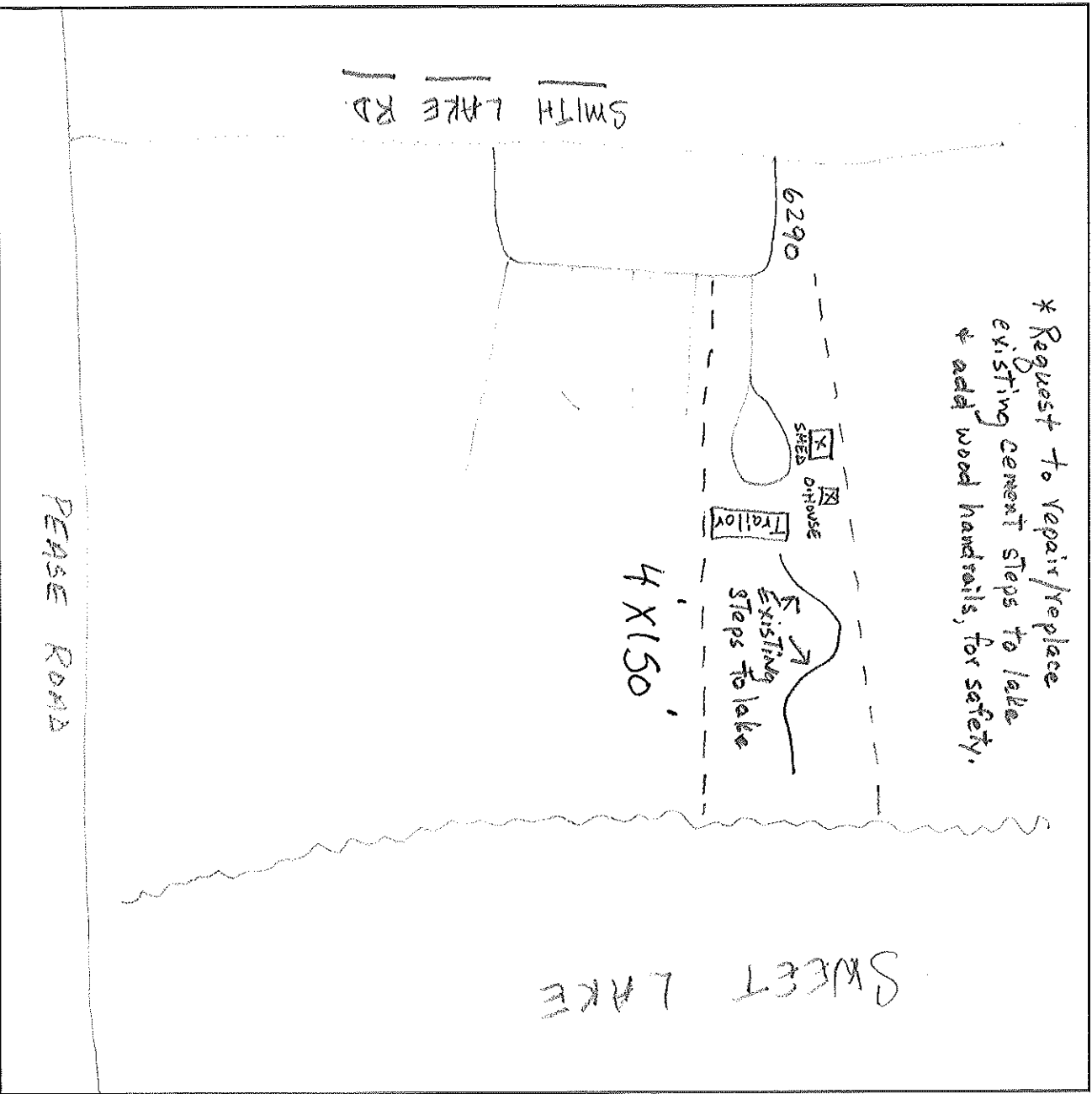
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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) Steven Hiesch Date 6-24-08
Address to send permit 867 Norell Ave. N. - Stillwater, MN 55082 ATTACH Copy of Tax Statement
If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
Date 7-1-08 Permit Number 08-0281 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meets all requirements
By M. Furtak Date of Inspection 6-27-08 Variance (B.O.A.) # _____
Mitigation Plan Required: Yes No
Condition: Not to exceed 4' in width. Must use best management practices to prevent erosion and siltation of lake.
Signed Michael Furtak Date of Approval 6-27-08
Inspector _____ Rec'd for Issuance _____

Lot Line



* Request to Repair/replace existing cement steps to lake + add wood handrails, for safety.

Name of Frontage Road (Smith Lake 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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

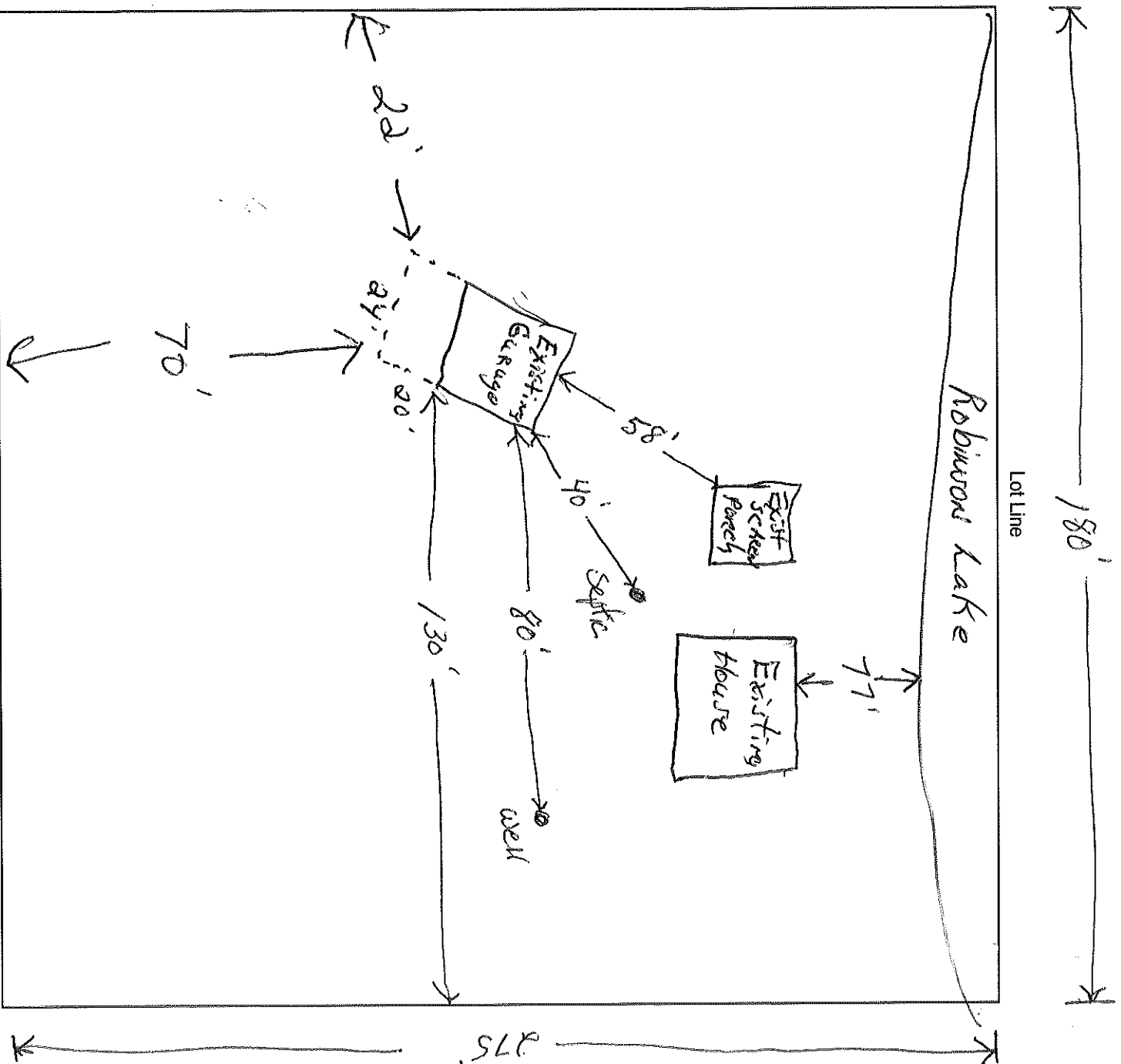
IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

*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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.



Name of Frontage Road (Ballmar Road)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

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Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 JUN 23 2008
 Bayfield Co. Zoning Dept.

Application No: 08-0277
 Date: _____
 Zoning District: RPB, Class 1
 Amount Paid: \$ 75.00 PDS
GLZ/18

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: N 300' less per in NE 1/4 of Section 18, Town 44 North, Range 9 West, Town of Barnes
 Gov't Lot 1 Lot 22 Block _____ Subdivision Site # 9 CSM # _____ Acreage 11
 Volume 470 Page 598 of Deeds 04-004-2-44-09-18-1 Parcel I.D. # 05-001-02000
 Property Owner Don & Debbie Sesko Contractor Phil Anderson (205) (Phone) 338-6766
 Address of Property 1765 Boulder Lodge Rd Plumber Sudith
Barnes, WI 54873 Authorized Agent _____ (Phone) _____
 Telephone 795-2213 (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 _____
 Estimated Cost of Construction \$ 800 Square Footage 16' x 32'
 USE: * 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) deck 16' x 32'
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (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) Sudith Anderson Debbie Sesko Date 6-10-08
 Address to send permit same as above ATTACH Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed

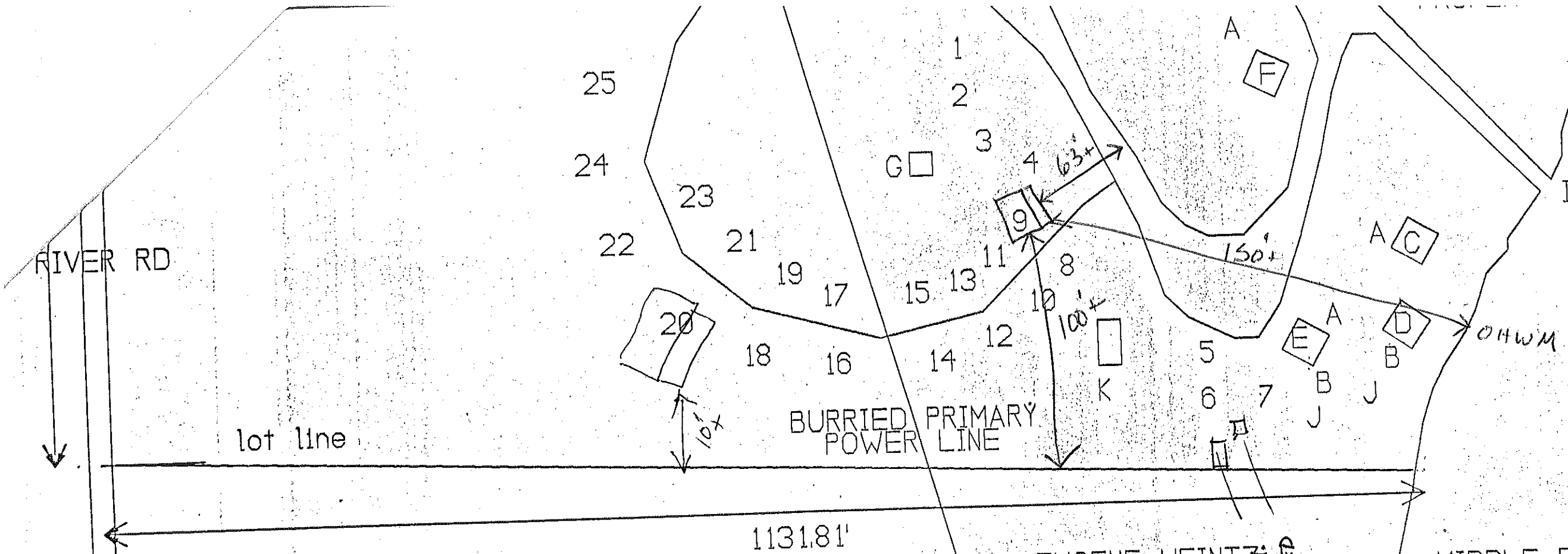
* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
 Date 7-1-08 Permit Number 08-0277 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets all setbacks.
 By M. Furtak Date of Inspection 6-12-08 Variance (B.O.A.) # _____
 Mitigation Plan Required: Yes No
 Condition: _____
 Signed Michael Furtak Date of Approval 6-23-08
 Inspector Rec'd for Issuance

JUL 01 2008

Secretarial Staff



- A - WELL
- B - SEPTIC TANK
- C - 5 BDR HOME & BAR
- D - CABIN 1
- E - CABIN 2
- F - CABIN 3
- G - PRIVY

- I - BOAT LANDING
- J - DRAINFIELD
- K - FUTURE SITE OF BATHHOUSE

EUGENE HEINTZ
PROPERTY

MIDDLE E
L

\$75



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 25 2008

Application No.: 08-0301
 Date: _____
 Zoning District: R-1
 Amount Paid: 6/26/08 EOS \$75.00

INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept. 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: _____ 1/4 of Section 17 Township 4S North, Range 9 West, Town of Barnes
 Gov't Lot _____ Lot 25 Block _____ Subdivision Blackfoot Add. to Potapptomni Acreage _____
 Volume 865 Page 442 of Deeds Parcel I.D. # 004-1242-09 Use Tax Statement for Legal Description _____
 Property Owner Jean Marie Nusbbaum Contractor Raf Foat (Phone) 795-2360
 Address of Property 2215 N. Beaver Trail Plumber _____
Barnes, WI 54873 Authorized Agent Raf Foat (Phone) 795-2360
 Telephone 795-2324 (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 _____ Basement: Yes _____ No Number of Stories 1 1/2

Estimated Cost of Construction \$18,500 Square Footage 570 Sanitary: New Existing Privy _____ City _____
 USE: * Residence or Principal Structure (# of bedrooms) 16 x 24 = 320 sq ft + 180 sq ft + 100 sq deck - COM.
 Residence sq. ft. _____ * Residence w/deck-porch (# of bedrooms) _____ * Residential Accessory Building (explain) _____
 Residence sq. ft. _____ Porch sq. ft. _____ * Residential Addition / Alteration (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____ Residential Accessory Building (explain) garage w/lot deck Special/Conditional Use (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Residential Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Residential Other (explain) _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 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) [Signature] Date 6-24-08

Address to send permit 1180 Lake Rd, Barnes, WI 54873 ATTACH Copy of Tax Statement
 Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 7-3-08 Permit Number 08-0301 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Meets all setbacks. Property lines per owners representations. By M. Furtak Date of inspection 7-2-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Not to be used for human habitation.

Signed Michael Furtak 7-2-08
 Inspector Rec'd Dept of Assurance

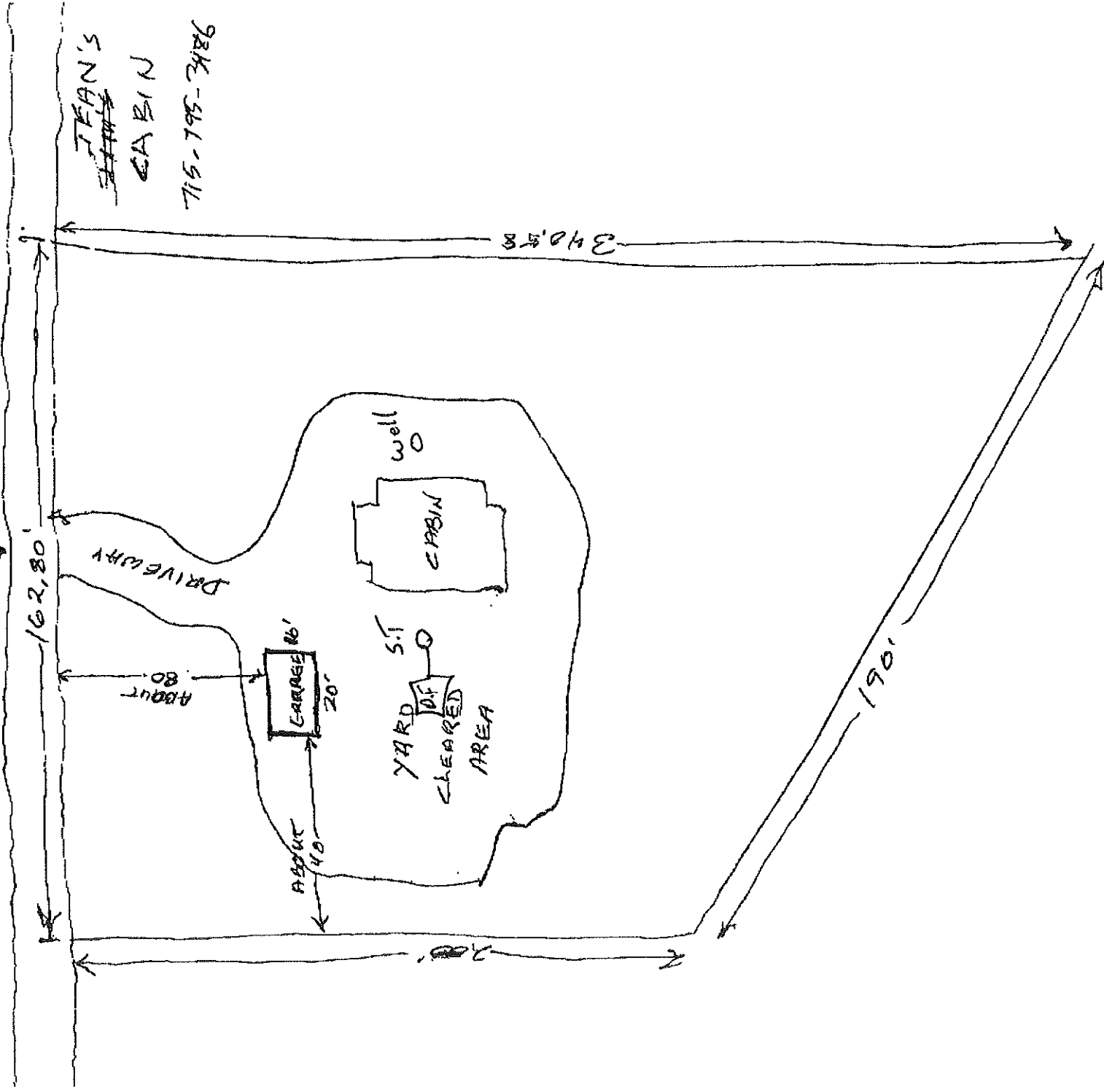
JUL 02 2008

Secretarial Staff

LOCATION MAP FOR PROPOSED GARAGE CONSTRUCTION
BUILDER: FAT FOOT

ON PROPERTY OF JEAN MARIE MASBACH FAX (715) 795-2324
LOT #25 BLACKFOOT ADDITION PHONE (715) 795-2360
POTAWATOMI ESTATES (not drawn to scale)

2215 NORTH BEAVER TRAIL



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 25 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0302
Date: _____
Zoning District: R-1, Class 2
Amount Paid: \$100.00 RDS
6126108

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 2 Lot 4 Block Subdivision 26 Township 45 North, Range 9 West, Town of Barnes

Gov't Lot 2 Lot 4 Block Subdivision CSM # 106 Acreage 3.45

Volume 948 Page 605 of Deeds Parcel I.D. # 204-1193-07 Use Tax Statement for Legal Description

Property Owner: David & Ellen Condon Contractor self (Phone) _____

Address of Property XXX Kelly Lake Rd Plumber _____
Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 92-727-5117 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No if yes, _____

Structure: New Addition Existing Square Footage _____

Estimated Cost of Construction \$500 Sanitary: New _____ Existing _____ Privy _____ City _____

USE: * 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) _____

Residential Other (explain) walkway to lake

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) David Condon Date 6-24-08

Address to send permit Deliver to Barnes Town Hall ATTACH _____
Give to Hall Copy of Tax Statement

* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7-3-08 Permit Number 08-0302 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per owner's representations.

By M. Fustak Date of Inspection 7-1-08

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

Condition: _____

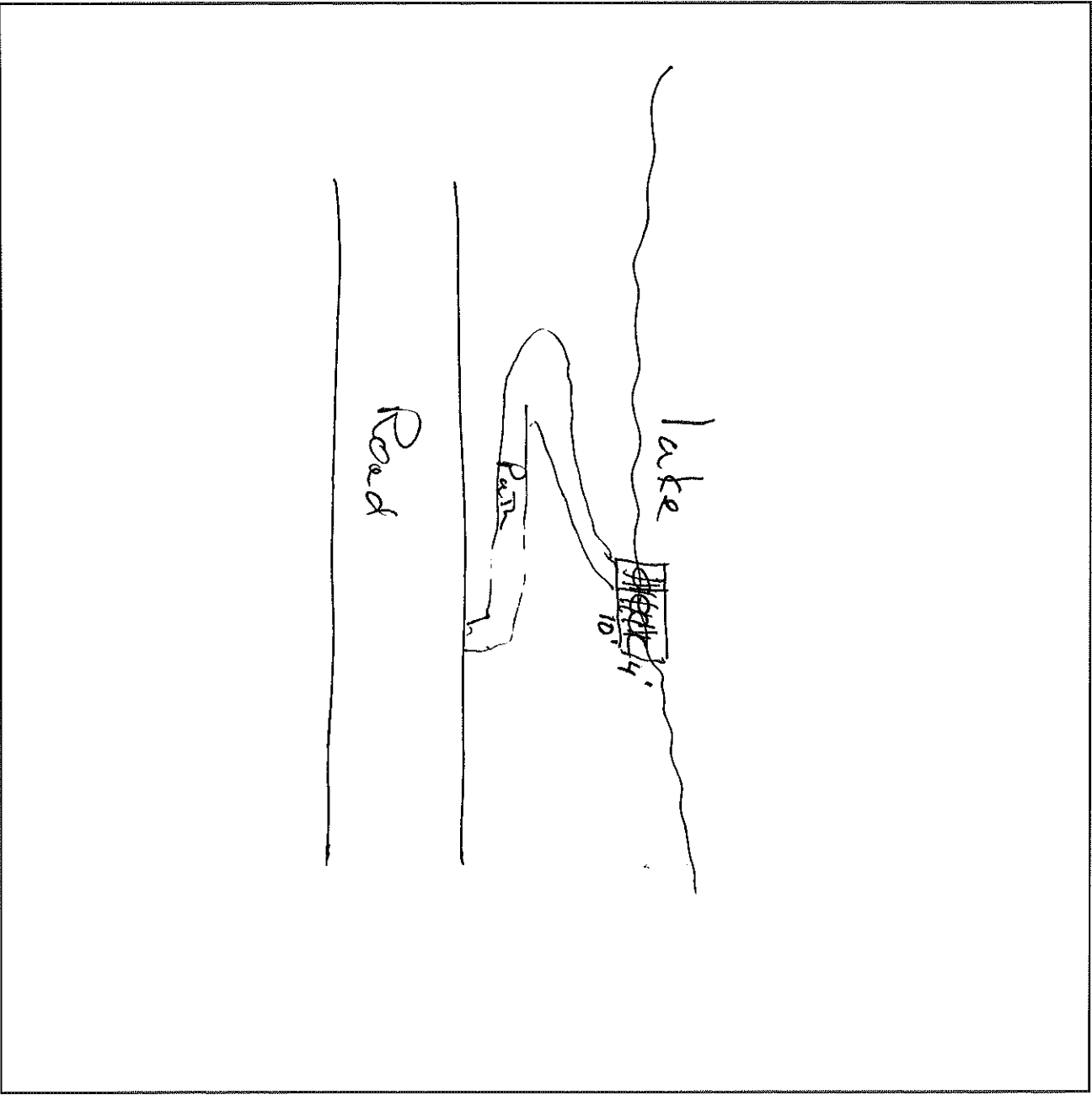
Signed Michael Fustak Inspector

Date of Approval 7-2-08

Rec'd for Issuance



Lot Line



Name of Frontage Road (_____)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

\$75



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 25 2008
 Bayfield Co. Zoning Dept.

Application No: 08-0303
 Date: _____
 Zoning District: R-2
 Amount Paid: \$7500
6124608

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 SE 1/4 of SW 1/4 of Section 44 Township 44 North, Range 9 West. Town of Barnes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20

Volume 560 Page 37 of Deeds Parcel I.D. # 004-1039-05 Use Tax Statement for Legal Description

Property Owner E. J. Coulombe Contractor self (Phone) _____

Address of Property 5115 Pease Rd Plumber _____

Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 795-3181 (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 _____ Basement: Yes _____ No Number of Stories 1

Estimated Cost of Construction \$ 500 Square Footage 240 Sanitary: New _____ Existing Privy _____ City _____

USE: 10' x 24'

- * 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
- Residential Other (explain) an garage
- External Improvements to Accessory Building (explain) _____

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Owner or Authorized Agent (Signature) Edward M Coulombe Date 6-24-08

Address to send permit Same as above ATTACH Copy of Tax Statement

* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 7-3-08 Permit Number 08-0303 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all outbuildings property lines per owners representations. By M. Fustak Date of Inspection 7-1-08

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

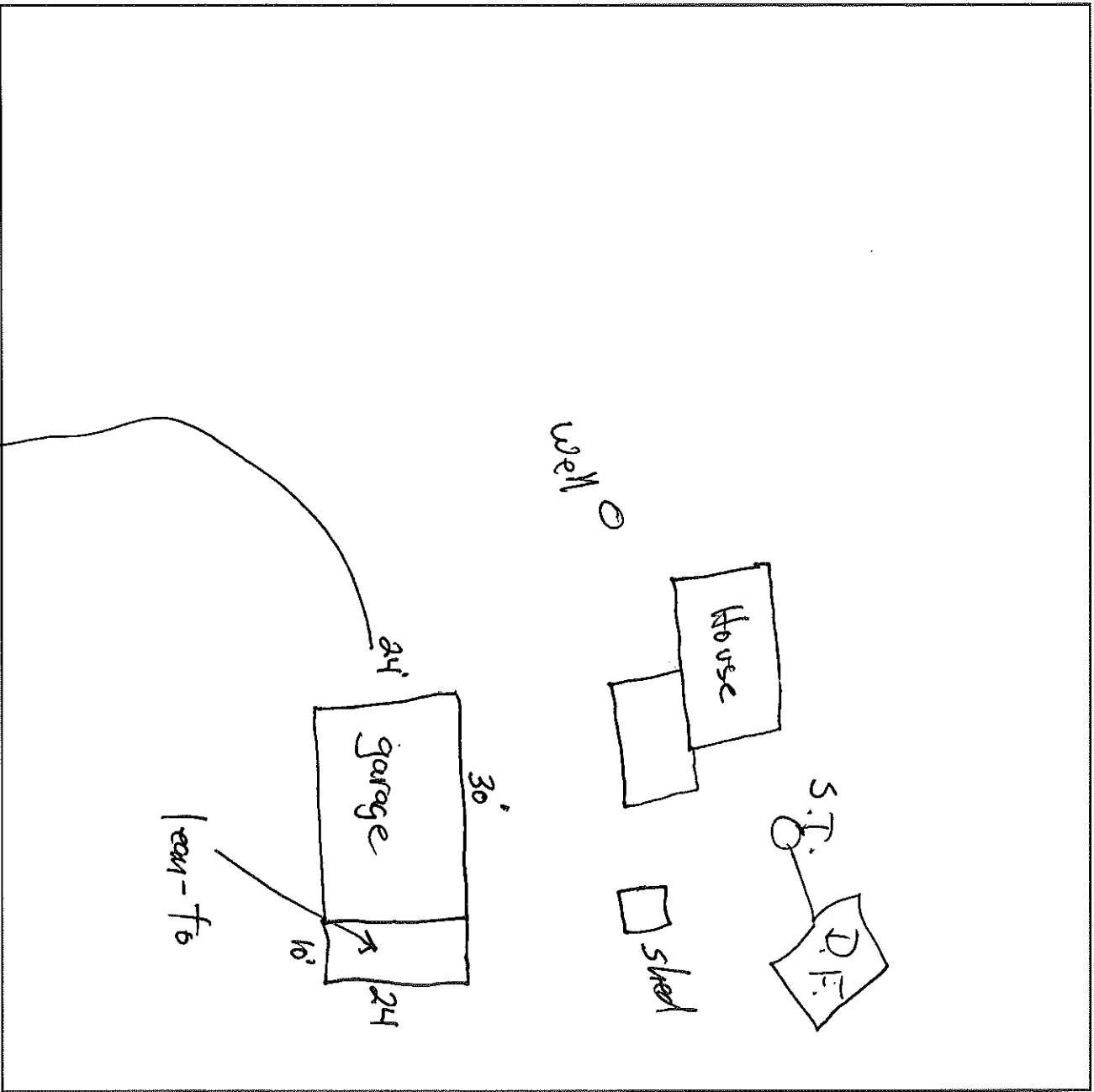
Condition: _____

Signed Michael Fustak 7-2-08 Date of Approval

Inspector _____ Recd for Issuance



Lot Line



Name of Frontage Road (Pease 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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

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Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.