

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
 OCT 31 2008

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 Garage

Use Tax Statement for Legal Description

Legal Description 1/4 of 1/4 of Section 21 Township 44 North, Range 6 West, Town of Grandview
 Gov't Lot 2 Lot Block Subdivision CSM # Acreage 5.4
 Volume 529 Page 356 of Deeds Parcel I.D. 021-1047-03

Property Owner Roman/Susan Blenski Contractor Economy Garages (Phone) 819-129-5106
 Address of Property 48260 Friendly Lane Plumber

Grandview, WI Authorized Agent Eric Holte (Phone) 1-800-582-3600
 Telephone 544-327-2847 (Home) 414-333-2235 (Work) Cell

Is your structure in a Shoreland Zone? Yes No **if yes.**

Structure: New Addition Existing Square Footage
 Fair Market Value 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) Garage
 - Residential Accessory Building Addition (explain) --
 - Residential Other (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.

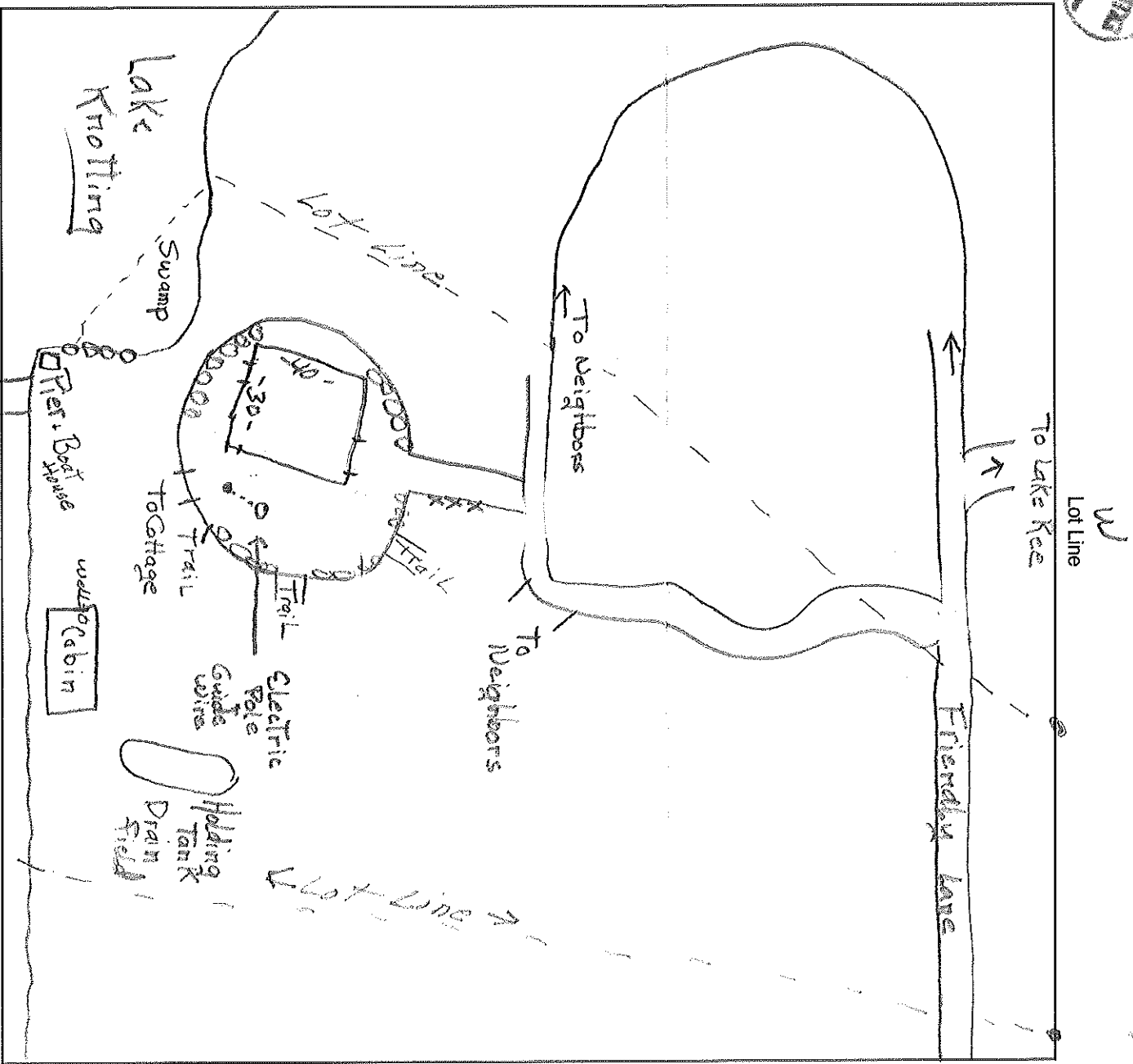
Owner or Authorized Agent (Signature) Roman Blenski Date 10/21/08
 Address to send permit 4821 W. Holt ATTACH Copy of Tax Statement or
Mitw. WI 53219 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number Date
 Date 11/18/08 Permit Number 08-0624 Permit Denied (Date)
 Reason for Denial:
 Inspection Record: Meets all setbacks. Property lines per owners' representations By M. Fustak Date of Inspection 11-12-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) #
 Condition: Not to be used for human habitation.

Signed Michael Fustak 11-17-08 Date of Approval
 Inspector Rec'd for Issuance



Name of Frontage Road (Friendly Lane)

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.

ATF \$180

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BAYFIELD COUNTY, WISCONSIN

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Application No. 08-0623
Date: _____
Zoning District F-1 Class 3
Amount Paid: \$180.00 PAID
90 AT
90 AT

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 2 Township 45 North, Range 6 West, Town of G.V.
Gov't Lot _____ Lot _____ Block _____ Subdivision _____
Volume 494 Page 195 of Deeds Parcel I.D. 021-1088-01
Acreage 1.0 ± 40.7ab

Property Owner Mike Bergemen Contractor self (Phone) _____
Plumber _____
Address of Property 23995 Bibon Rd
Grand View, WI
Telephone 765-4155 (Home) 834-9963 (Work) _____
Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes.
Structure: New _____ Addition Existing _____
Fair Market Value \$30,000 Square Footage 646
USE: 38x17=646
 * 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) living room, loft
 Residential Accessory Building (explain) Bed room
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
Type of Septic/Sanitary System Privy
 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) _____

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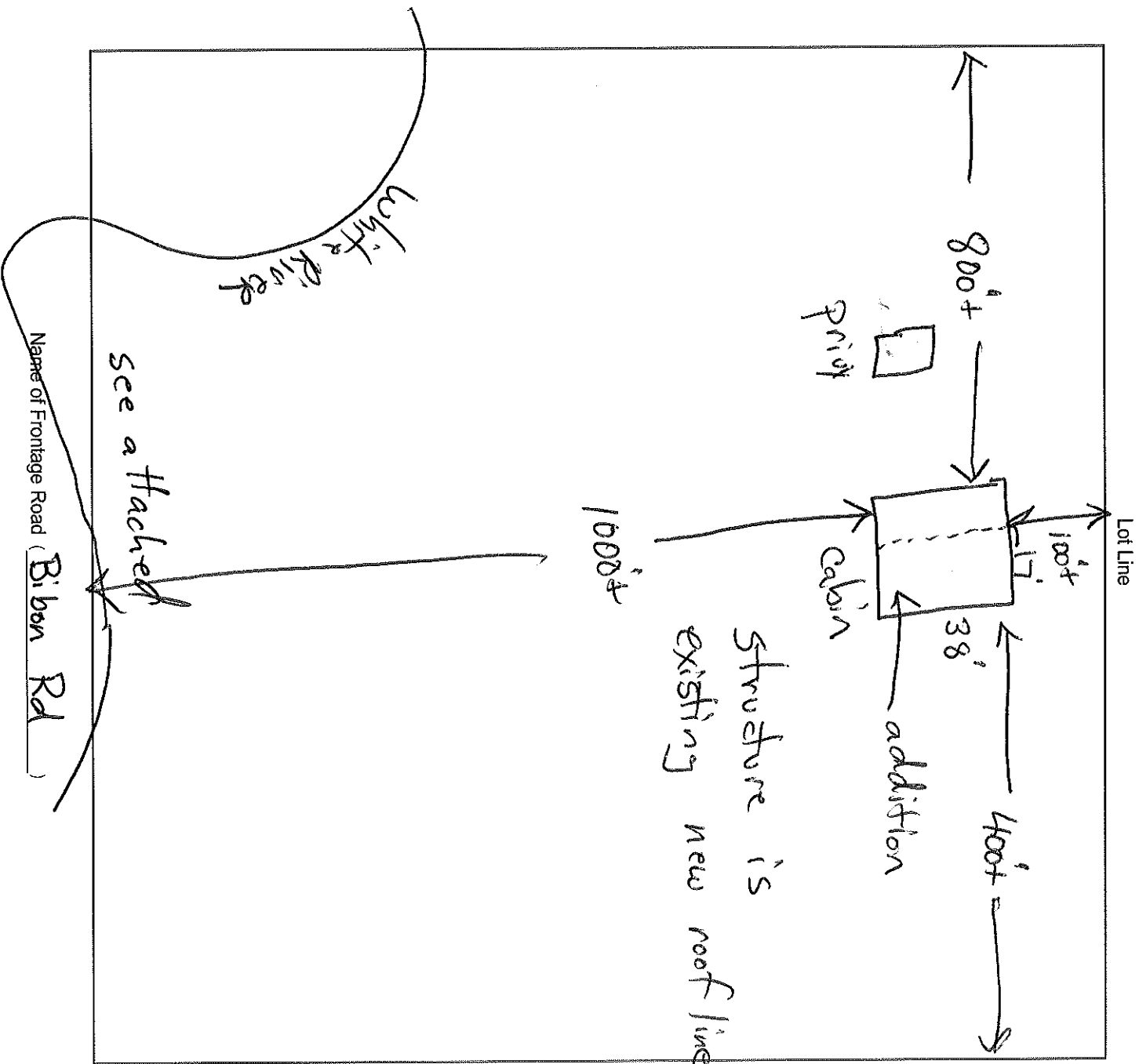
Owner or Authorized Agent (Signature) X Michael D Bergeman Date 10-28-08
Address to send permit 1439 Farwell St., Eau Claire, WI 54701 ATTACH _____
Copy of Tax Statement or _____
(If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 11/18/08 Permit Number 08-0623 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meets all setbacks. Property lines per owners representations. By M. Furtak Date of inspection 11-14-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: No plumbing fixtures in structure.

Signed Michael Furtak 11-17-08
Inspector _____ Date of Approval _____
Rec'd for Issuance _____



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