

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
 MAY 29 2008

Application No.: 08-0221
 Date: _____
 Zoning District: F-1
 Amount Paid: \$125.00 PDS
5/29/08

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 NE 1/4 of NE 1/4 of Section 15 Township 49 North, Range 5 West, Town of Bayview
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40
 Volume 954 Page 530 of Deeds Parcel I.D. # 008-1053-03-00 Use Tax Statement for Legal Description _____
 Property Owner Leslie and Nancy Zell Contractor self (Phone) _____
 Address of Property 28700 Freindly Valley Rd. Plumber
Bayview, Wisconsin 54891 Authorized Agent _____ (Phone) _____

Telephone 651-777-2723 (Home) 651-775-3991 (Work)
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____ Square Footage 2400 Basement: Yes No Number of Stories _____
 Estimated Cost of Construction 20,000 Sanitary: New Existing Privy _____ City _____
 USE: Residence or Principal Structure (# of bedrooms) Storage Building Mobile Home (manufactured date) _____
 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) _____

Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Structure: New Addition _____ Existing _____ Square Footage 2400 Basement: Yes No Number of Stories _____
 Estimated Cost of Construction 20,000 Sanitary: New Existing Privy _____ City _____
 USE: Residence or Principal Structure (# of bedrooms) Storage Building Mobile Home (manufactured date) _____
 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) _____

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.

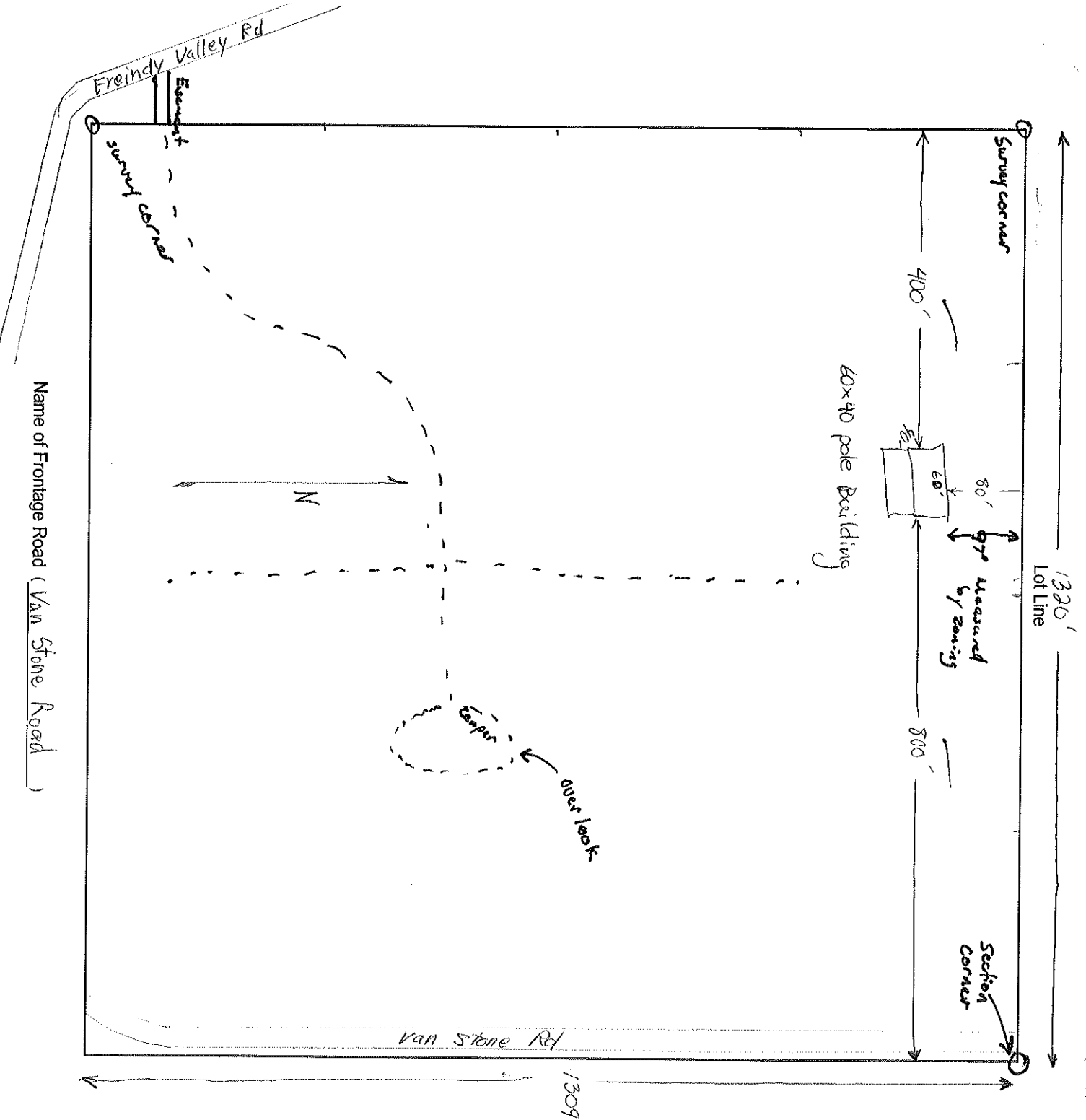
Owner or Authorized Agent (Signature) Leslie Zell Date 5-10-08
 Address to send permit 8920 27th St No, Lake Elmo, Minn 55042 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 6/10/08 Permit Number 08-0221 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets code requirements per owner's representation. Property has been surveyed, corners were marked and rim flagged by owner. Proposed bldg. site well. By Travis Telnitzky Date of Inspection 6/09/2008 staked.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: No human habitation.
 Signed Travis Telnitzky Date of Approval 6/09/2008
 Inspector Issuance _____

JUN 10 2008

Secretarial Staff



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.

fee = \$2,150/\$1,000

RECEIVED

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
MAR 14 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0233
Date: _____
Zoning District: R-RB
Amount Paid: \$500.00 ROS
3/18/08

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
Part of: NE SW
Legal Description: NW 1/4 of SE 17 Township 49 North, Range 5 West, Town of Bayviews
Gov't Lot: _____ Lot: _____ Block: _____ Subdivision: _____ CSM #: _____ Acreage: 4.94

Volume 883 Page 665 of Deeds Parcel I.D. # 04.008.2.49.05.17.301.000.70000 Use Tax Statement for Legal Description

Property Owner: Douglas Summers Contractor: Pat Schnepf (Phone) 682-9004
Address of Property: 26490 Freedom Valley Drive Plumber: Dennis Backhead 373.2010
Washburn, WI 54891 (Town of Bayview) Authorized Agent: _____ (Phone) _____

Telephone: _____ (Home) 715.373.2037 (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition Existing _____
Basement: Yes No Number of Stories 1
Estimated Cost of Construction \$260,000.00 Square Footage 1440 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) _____

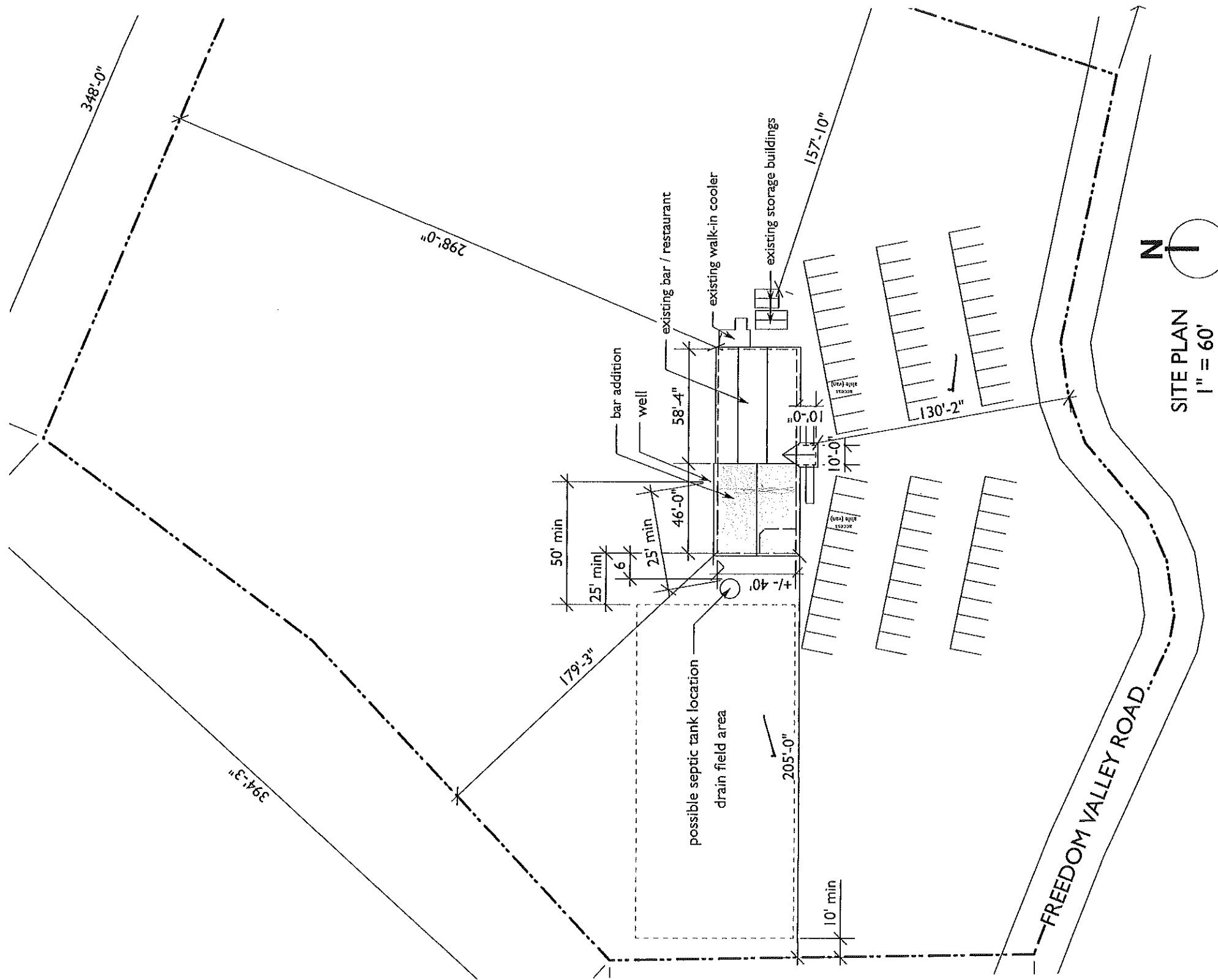
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) Doug Summers Date 3-14-08

Address to send permit Doug Summers, 26490 Freedom Valley Drive, Washburn WI 54891 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 08-635 / 6-13-08 Date 11/14/1994
Date 6/13/08 Permit Number 08-0233 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Meets code requirements per owner's representation. Expansion of existing restaurant, septic also needs to be expanded. First below grade grease trap By Travis Talavitsky Date of Inspection 3/31/2008 will be removed.
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____
Signed Travis Talavitsky Date of Approval 6/13/2008
Inspector _____ Rec'd for Issuance _____
4 JUN 13 2008 Secretarial Staff



N
SITE PLAN
1" = 60'