

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
 AUG 22 2008
 Bayfield Co. Zoning Dept.

ENTERED

Application No.: 08-0467
 Date: _____
 Zoning District: R-BB/Class 1
 Amount Paid: \$150.00 CAS
8/25/08

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 _____
 Use Tax Statement for Legal Description

Legal Description: 1/4 of Section 33 Township 50 North, Range 4W West, Town of BAYVIEW
 Gov't Lot 1 Lot 3 Block _____ Subdivision _____ CSM # 575 Acreage 1.17

Volume 977 Page 898 of Deeds Parcel I.D. 088-1038-05-970
 Property Owner Jon O. & JAVE H. BERGA Contractor JON BERGA (Phone) _____
 Address of Property 82580 Hwy 13 Plumber _____
BAYFIELD WI 54814 Authorized Agent _____ (Phone) _____

Telephone 715 425 5008 (Home) 715 417 0310 (Work) CEL
 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 \$50,000. Square Footage 896'
 USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____

Basement: Yes No Number of Stories 1
 Sanitary: New _____ Existing City _____
 Type of Septic/Sanitary System HIT CAS
 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 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 (Low) 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 22 Aug 08
 Address to send permit 395 OLD CEMETERY RD. ROBERTS WI 54023 ATTACH
 * See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 8/3/08 Permit Number 08-0467 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Proposed garage to be 24 ft. in height according to attached plans. Proposed bldg. was well sited and property lines were well flagged and By Travis Tuburky Date of inspection 8/27/2008
 Surveyed. Chest point of proposed bldg. to top of bluffs is 75'. recommended setback is 80'.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: Install silt fence downslope of disturbed area and no land disturbing activities within 50 ft. of top of bluff.
 Signed Travis Tuburky 8/29/2008 Date of Approval
 Inspector [Signature] Recorder/Issuance

SEP 03 2008

Secretary

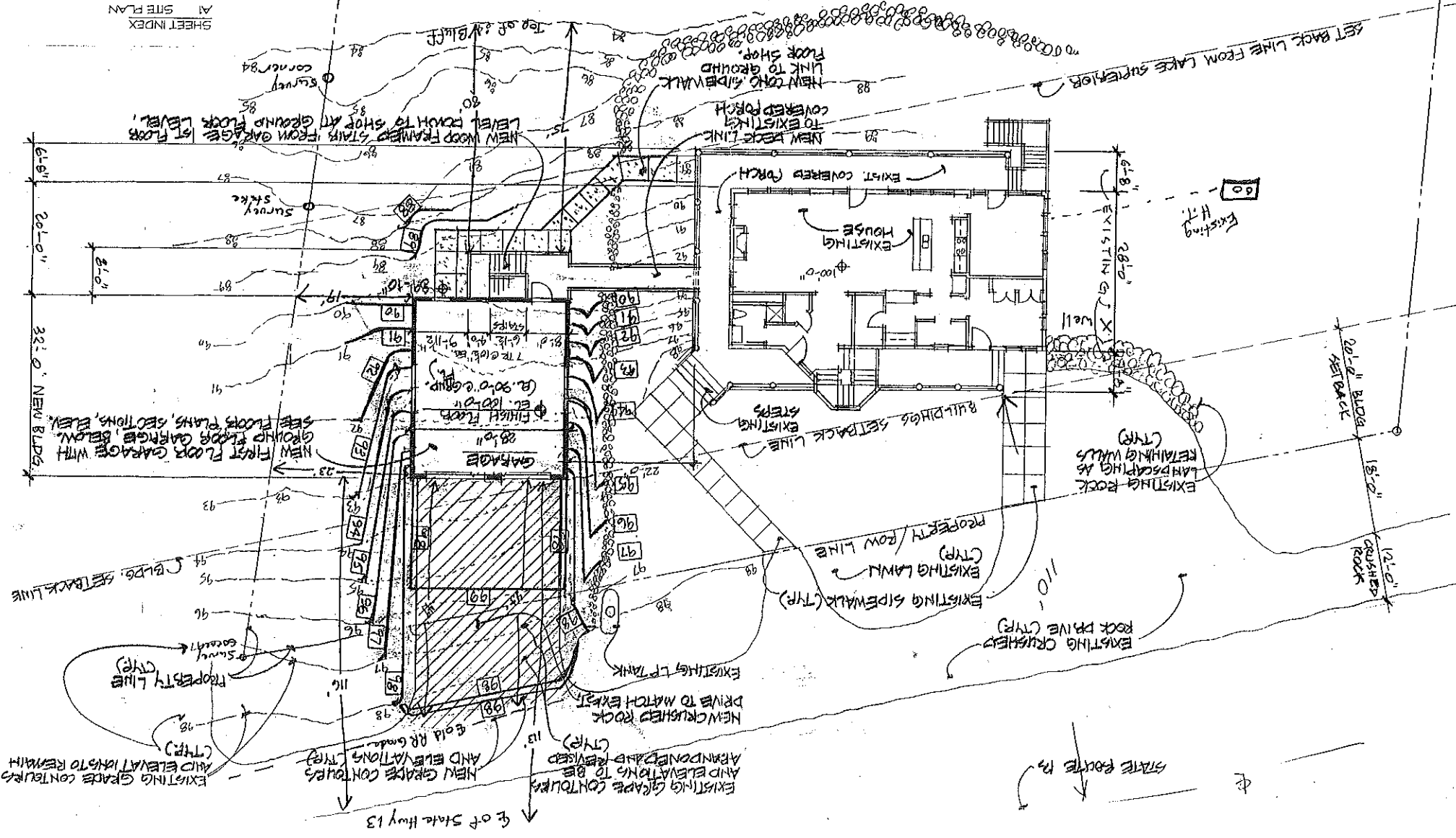
8115-321 [Signature]

SITE PLAN
1/8" = 1'-0"



NEW GARAGE AND SHOP BUILDING
SITE PLAN
BY JANE BERGH
BY DAVID L. YELLOCK

- A1 SITE PLAN
 - A2 FIRST FLOOR PLAN
 - A3 GROUND FLOOR PLAN
 - A4 EXTERIOR ELEVATIONS
 - A5 SECTION #1
 - A6 SECTION #2
- SHEET INDEX



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