

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 3 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0202
 Date: _____
 Zoning District: AG-1
 Amount Paid: 75 6/3/09

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: S.W 1/4 of SE 1/4 of Section 13 Township 49 North, Range 5 West. Town of BAYVIEW

Gov't Lot _____ Lot _____ Block _____ Subdivision 04-00812-44-05-13-AP3-ccc-1000 CSM # _____
 Volume 980 Page 274 of Deeds Parcel I.D. _____ Acreage 5.0

Property Owner: ARNOLD & SANDRA RADEK Contractor ARNOLD RADEK (OWNER) (Phone) _____

Address of Property 30570 MATTHEW RD Plumber _____
WASHBURN, WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715-373-0261 (Home) CELL 612-209-3534 (Work) _____

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

Structure: New Addition _____ Existing _____
 Fair Market Value \$1500 Square Footage 4400

Basement: Yes _____ No Number of Stories 1
 Sanitary: New _____ Existing Privy _____ City _____

Type of Septic/Sanitary System Holding Tank
 Mobile Home (manufactured date) _____

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____
 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) portable tool shed

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) Ann Raden Date 6/3/09
 Address to send permit 6036 NEWTON AVE SO. / MINNAPOLIS, MN 55419

* See Notice on Back
 Copy of Tax Statement or
 (If you recently purchased the property
 Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number _____ Date _____

Date 6/10/09 Permit Number 09-0202 Permit Denied (Date) _____

Reason for Denial: _____

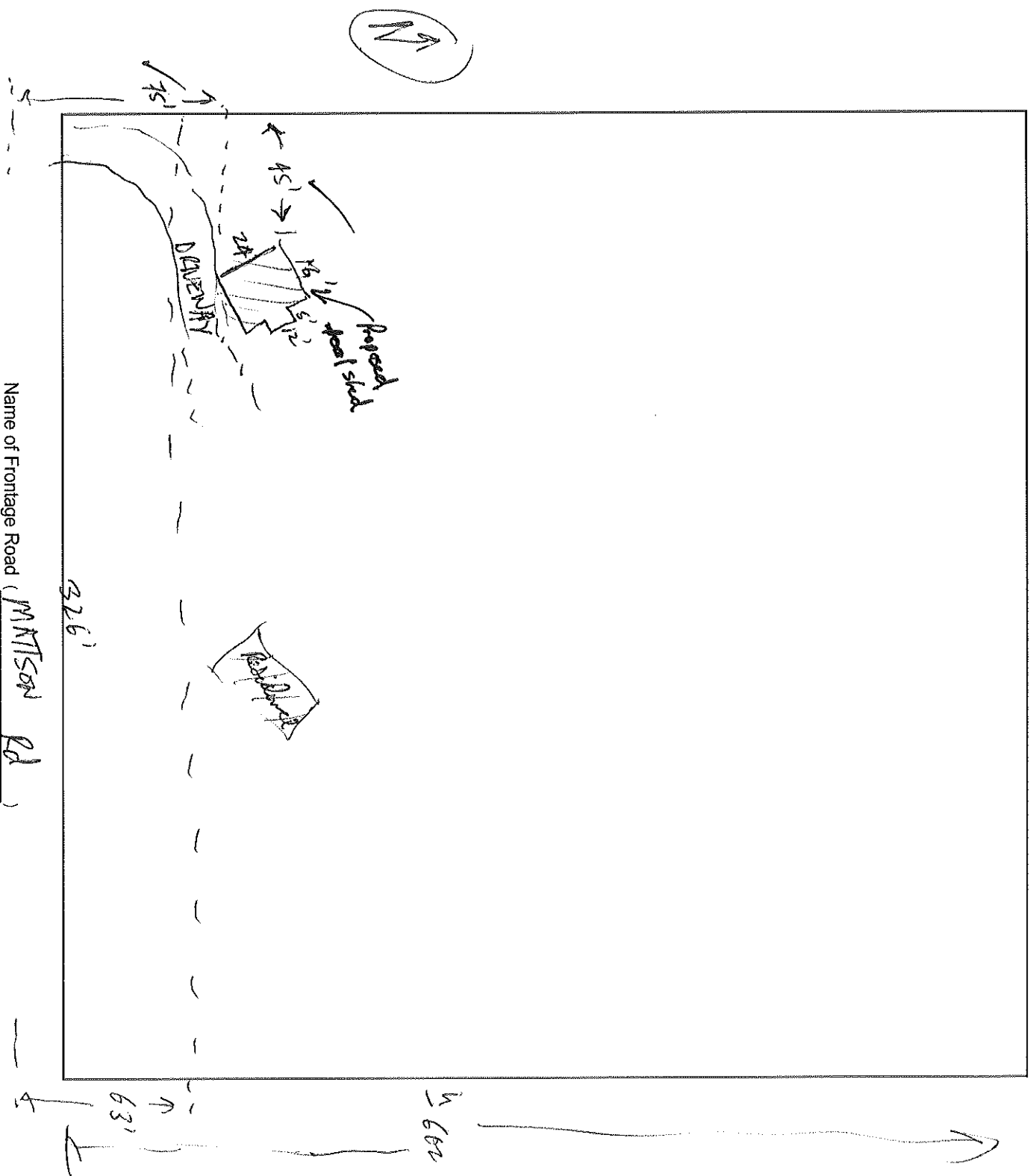
Inspection Record: Meets code requirements per owner's representation. Property has been surveyed. Proposed structure location is within upland area as identified by Northern Environmental.
 Date of Inspection 6/05/2009
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: No human habitation.

Signed Travis Tulowitzky Inspector
 Date of Approval 6/05/2009

Rec'd for Issuance

Lot Line



Name of Frontage Road (MATTSON Rd)

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
--	---

*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.