

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
 SEP 03 2009
 Bayfield Co. Zoning Dept

Application No: 09-0416
 Date: _____
 Zoning District: R-RB/Class A
 Amount Paid: \$175
9/10/09/mj

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 Class A

Use Tax Statement for Legal Description

Legal Description 1/4 of NW 1/4 of Section 34 Township 50 North, Range 4 West, Town of Bayview
 Gov't Lot 1 Lot 5 Block _____ Subdivision Thompsons CSM# 1.9
 Volume 835 Page 897 of Deeds Parcel I.D. 08-1077-03-04-008-2-50-04-34-200-298-50000
 Property Owner Revocable Trust of Bradley J. Buscher
dated 2-2-1996
 Address of Property 82830 Hwy. 13
Bayfield, WI 54814

Telephone 779-9795 (Home) _____ (Work) _____
 Authorized Agent Spears & Carlstone 373-2628

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Written Authorization Attached: Yes No

Structure: New _____ Addition _____ Existing _____
 Fair Market Value _____ Square Footage 2,250
 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) [Signature] Date 9/3/09
 Address to send permit P.O. Box 547, Washburn WI 54891 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

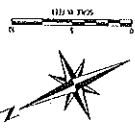
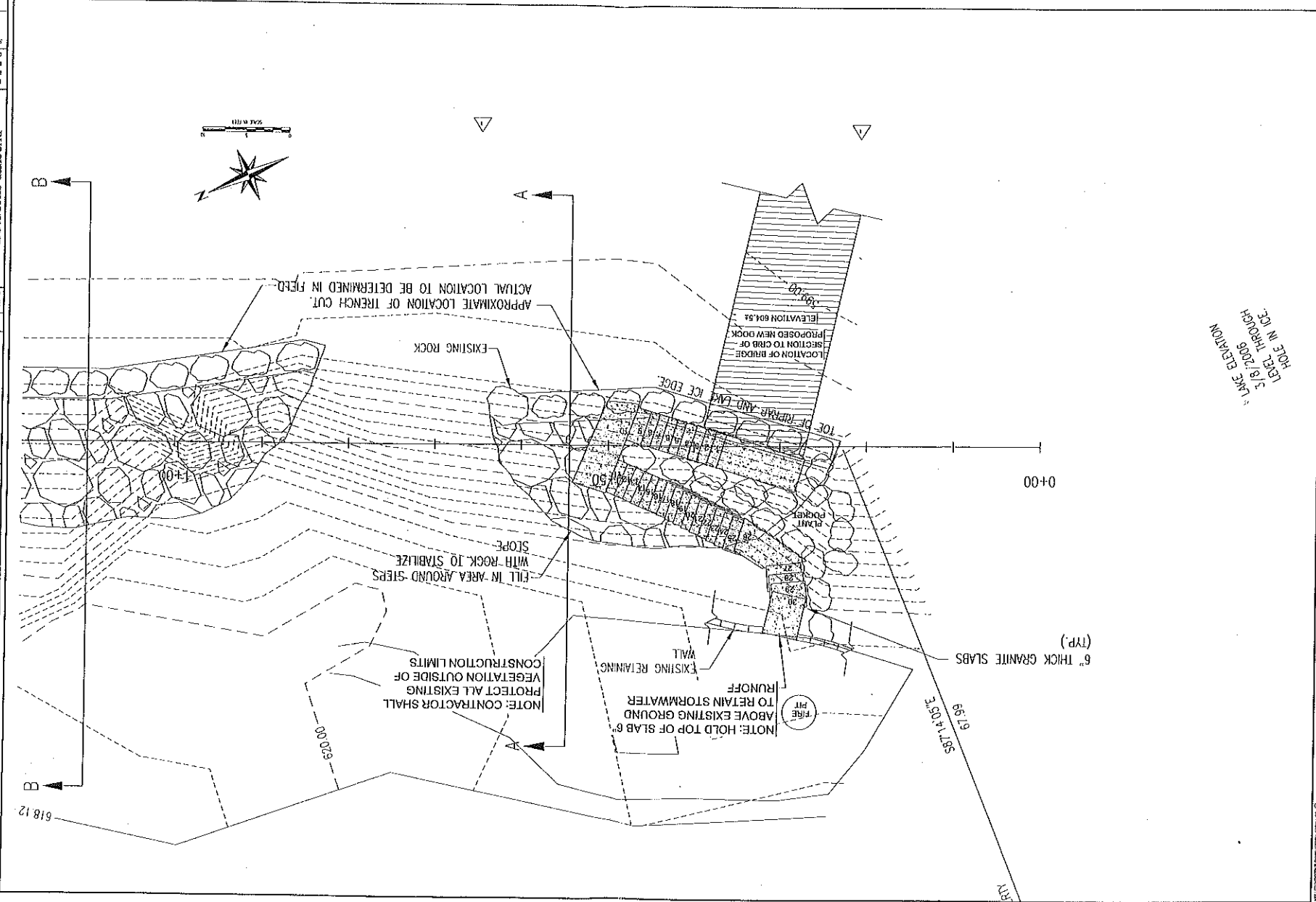
Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 9/15/09 Permit Number 09-0416 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Re rep was permitted by DNR for repair and replacement of existing insp.
Site inspection conducted with John Carlson. By Trevor Tulowitzky Date of Inspection 9/14/2009
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: No removal of vegetation.

Signed Trevor Tulowitzky Inspector 9/14/2009 Date of Approval
Rec'd for Issuance

SEP 14 2009

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LAKE ELEVATION
5/8/2008
LETTER THROUGH
HOLE IN ICE



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| SHEET: | | 2 | |
| CHECKED BY: | | | |
| DRAWN BY: | | | |
| JOB NO.: 061034 | | | |
| DATE: 5/1/09 | | | |
| PROJECT: | | BUSCHER SHORELINE RESTORATION BAYVIEW, WISCONSIN | |
| DRAWING: | | STAR AND DOCK PLAN | |
| DATE: | REV: | DESCRIPTION: | BY: |
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