

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 27 2007

Conversion

Application No. 10-0418
 Date: _____
 Zoning District A-1
 Amount Paid \$175. Class A
\$250 - Res.
9-29-10
mg
Conservation

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 BA

Use Tax Statement for Legal Description

Legal Description NE 1/4 of NE 1/4 of Section 20 Township 49 North, Range 4 West, Town of Bayview
 Gov't Lot 3 Block _____ Subdivision _____ CSM # 1519 Acreage 11.41
 Volume _____ Page part of Parcel I.D. 04-008-249-01-01-000-15000
54-729-1630
 Property Owner ANN RIGGS & CARL SAUTSKY Contractor SELF (Phone) 541-729-2587
 Address of Property 32865 BURLAGER RD Plumber _____

WASHBURN WI 54891 Authorized Agent _____ (Phone) _____
541-729-2587 Written Authorization Attached: Yes No
541-729-1630 (Home) _____ (Work) _____

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 Val. \$85,000 Square Footage 3250
w/lost 1600 footprint
 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) Conversion to Res.
 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 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) Ann Riggs Carl Sautsky Date 9/24/10
 Address to send permit 326 8TH ST. EAST WASHBURN, WI 54891 ATTACH _____

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

APPLICANT - PLEASE COMPLETE REVERSE SIDE

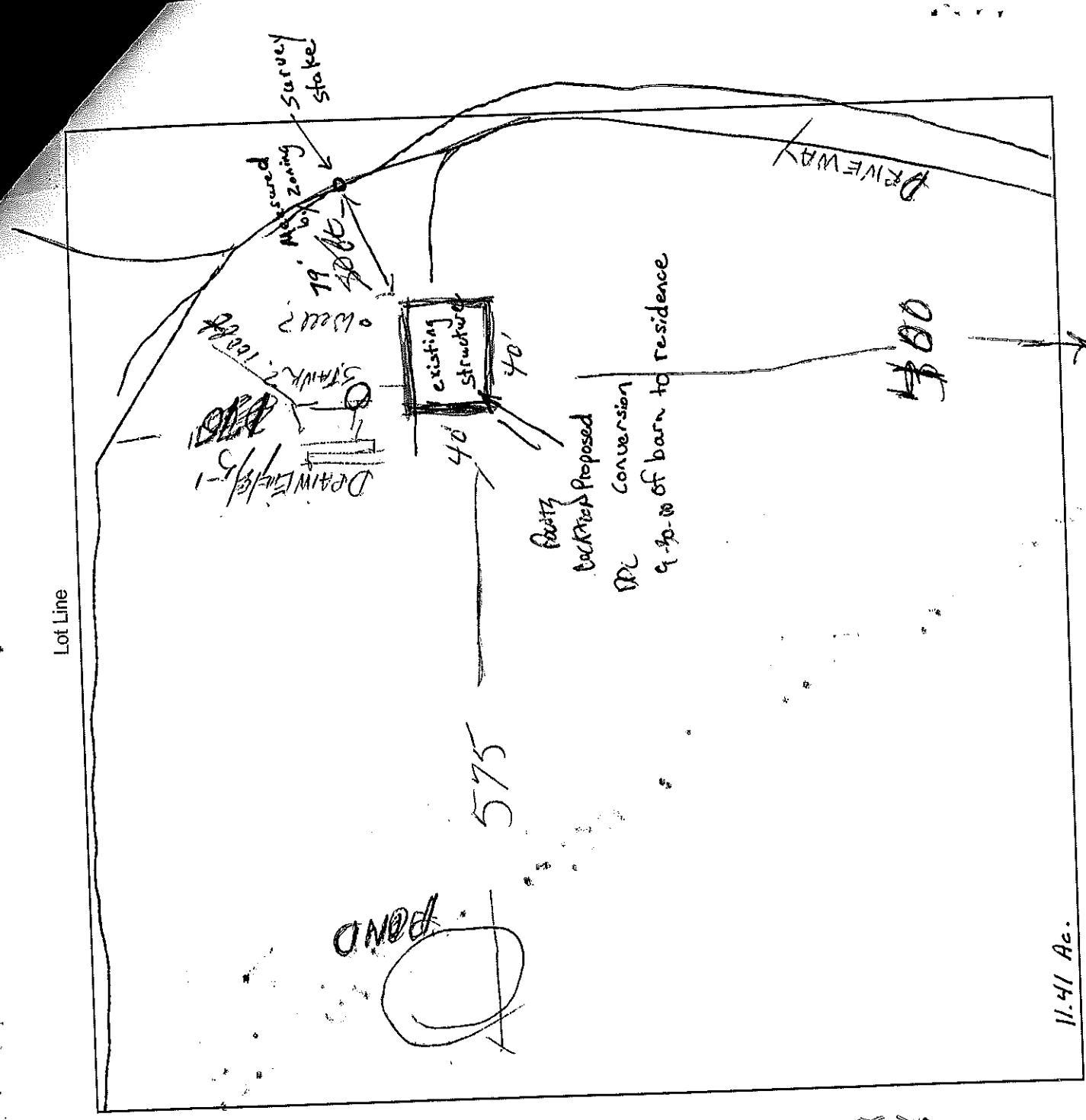
Permit Issued: State Sanitary Number 07-325 Date 2007
 Date 10/15/10 Permit Number 10-0418 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: PRE-EXISTING STRUCTURE, POLE W/STAYED APPLICABLE ORDINANCE REQUIREMENTS MET PER
CONCRETE REINFORCED FOUNDATIONS By DR Date of Inspection 9-30-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector _____
 Date of Approval 9-30-10
 Rec'd for Issuance Needs 725A
SEP 30 2010
OCT 13 2010

Per. # 07-0621 Expired

Secretarial Staff Secretarial Staff

14012104V (no.)

Lot Line



Name of Frontage Road (BURLAGER Rd.)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate 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

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY.

- 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

*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.