

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 18 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0129
 Date: 5-24-11
 Zoning District: R149
 Amount Paid: \$75.00 PDS
5/18/11

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 Vallella Trail Subdivision Lot 17 IN U1032P.599
 Legal Description 1/4 of 1/4 of Section 17 Township 49 North, Range 5 West, Town of Bayview
 Gov'l Lot 17 Block 17 Subdivision Vallella Trail CSM # Acreage 1.59
 Volume 1032 Page 599 of Deeds Parcel I.D. 04008249651730033817000
 Property Owner Terry + Beverly Reiten Contractor Greg Stuart (Phone) 612-987-6602
 Address of Property 26420 Freedom Valley Dr, Washburn, WI 54891 Plumber N/A
 Telephone 612-968-2607 (Home) 651-487-3859 (Work) Authorized Agent _____ (Phone) _____
 Written Authorization Attached: Yes No

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 _____
 Basement: Yes _____ No Number of Stories 1
 Fair Market Value #20,000 Square Footage 936 Sanitary: New _____ Existing Privy _____ City _____
 USE: Type of Septic/Sanitary System AWMSTHOUR
 * Residence or Principal Structure (# of bedrooms) _____
 Mobile Home (manufactured date) _____

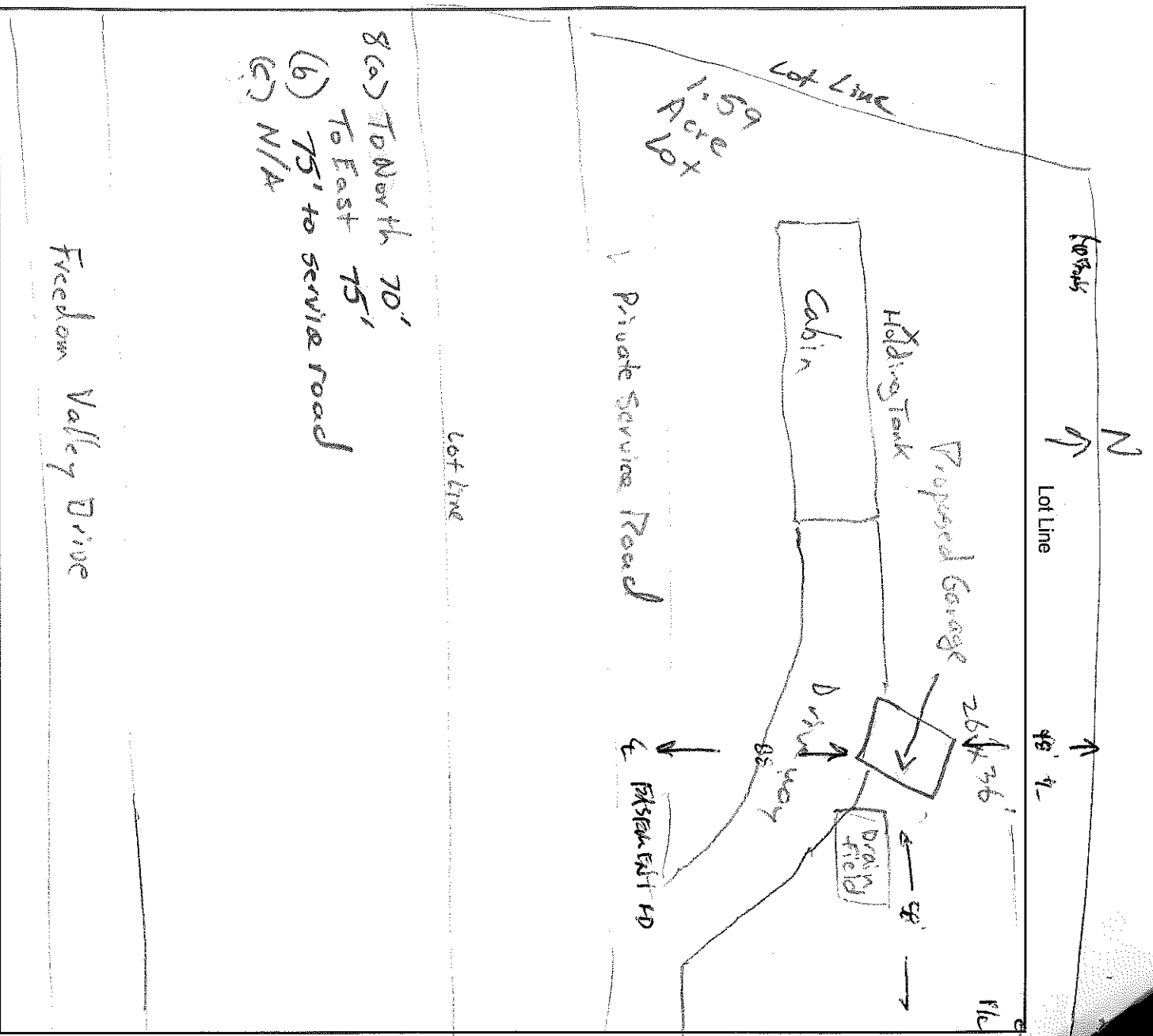
Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____
 Porch sq. ft. _____
 Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____
 Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) Garage
 External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 External Improvements to Accessory Building (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 5/15/2011
 Address to send permit 5926 Hawthorne Rd., Mound, MN 55364
 * See Notice on Back
 ATTACH 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 _____ Date _____
 Date 5-24-11 Permit Number 11-0129 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structural Setback/Conditions to be addressed by other Agency to the code consultant
2nd Setback may be raised By DL Date of Inspection 5-24-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed [Signature] Date of Approval 5-24-11
 Inspector _____

ENTERED



Freedom Valley Drive

Name of Frontage Road (+ Freedom Valley Drive)
Private Service Rd.

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:
 - 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
 - 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

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-8 (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, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.