

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
PERMIT FEE
 SEP 19 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0442
 Date: 12/12/11
 Zoning District: R43/1
 Amount Paid: \$175 01/11/11

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
 Legal Description 1/4 of 1/4 of Section 4 Township 49 North, Range 4 West, Town of Bayview
 Gov't Lot 2 Lot 1 Block _____ Subdivision _____ CSM # 1142 Acreage 1.28

Volume _____ Page _____ of Deeds Parcel I.D. 04-008-2-49-04-04-2 05-002-06000
 Property Owner Homer G. & Mary Nordling Contractor Nelson Const. (Phone) 715-747-3300

Address of Property Washburn, WI 54891 Plumber _____
 Telephone 715-779-5169 (Home) 715-373-5709 (Work) Authorized Agent _____ (Phone) _____

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 _____ Number of Stories _____
 Fair Market Value _____ Square Footage 368 ft² Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) (30 ft²) Type of Septic/Sanitary System C
 Residence sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Other (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) Shoreland guidelines

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.

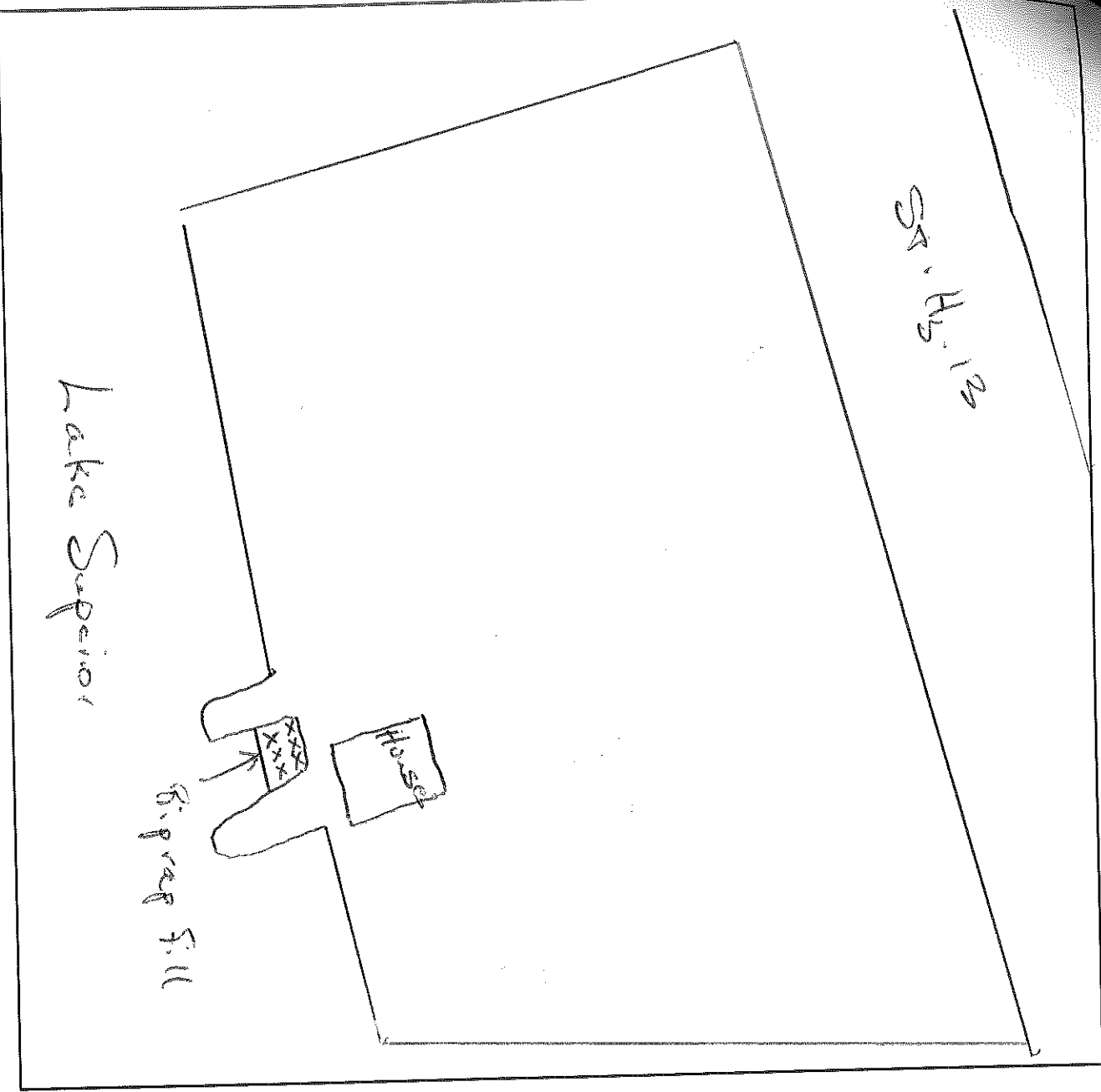
Owner or Authorized Agent (Signature) [Signature] Date 9-18-11
 Address to send permit _____ ATTACH _____

* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 12/12/11 Permit Number 11-0442 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Observed various problems in Bathed (As stated on Billboard) Areas & Windows. Sanitary must be addressed & Shoreland must provide access from driveway. By DC Date of Inspection 6-5-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: See Attached Groundwater Management Plan
The attached Sanitary must be improved by Dec 1, 2012
 Rec'd for Issuance DEC 12 2011 Signed [Signature] Inspector _____ Date of Approval 12-7-11
 Secretarial Staff OK. KK

Lot Line

SR. H.S. 12



Name of Frontage Road (_____)

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.