

ENTERED

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 02 2008
 Bayfield Co. Zoning Dept.

Application No.: 08-0505
 Date: _____
 Zoning District: R-6B/1
 Amount Paid: \$75.00 EOS
9/3/08

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 34 1/4 of Section 51 Township 34 North, Range 6 West, Town of Bell
 Gov't Lot 4 Lot 2 Block _____ Subdivision _____ CSM # 737 Acreage _____
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 010107910002

Property Owner ERIC KNOX
 Address of Property 22050 Blueberry Lane
Cornucopia, WI
 Telephone 742-3501 (Home) _____ (Work) _____
 Authorized Agent TOM O'LEARY (Phone) 373-2880

Is your structure in a Shoreland Zone? Yes No if yes.
 Structure: New _____ Addition Existing _____
 Fair Market Value \$3600.00 Square Footage 96
8'x6'
 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) DECK EXTENSION
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
 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.

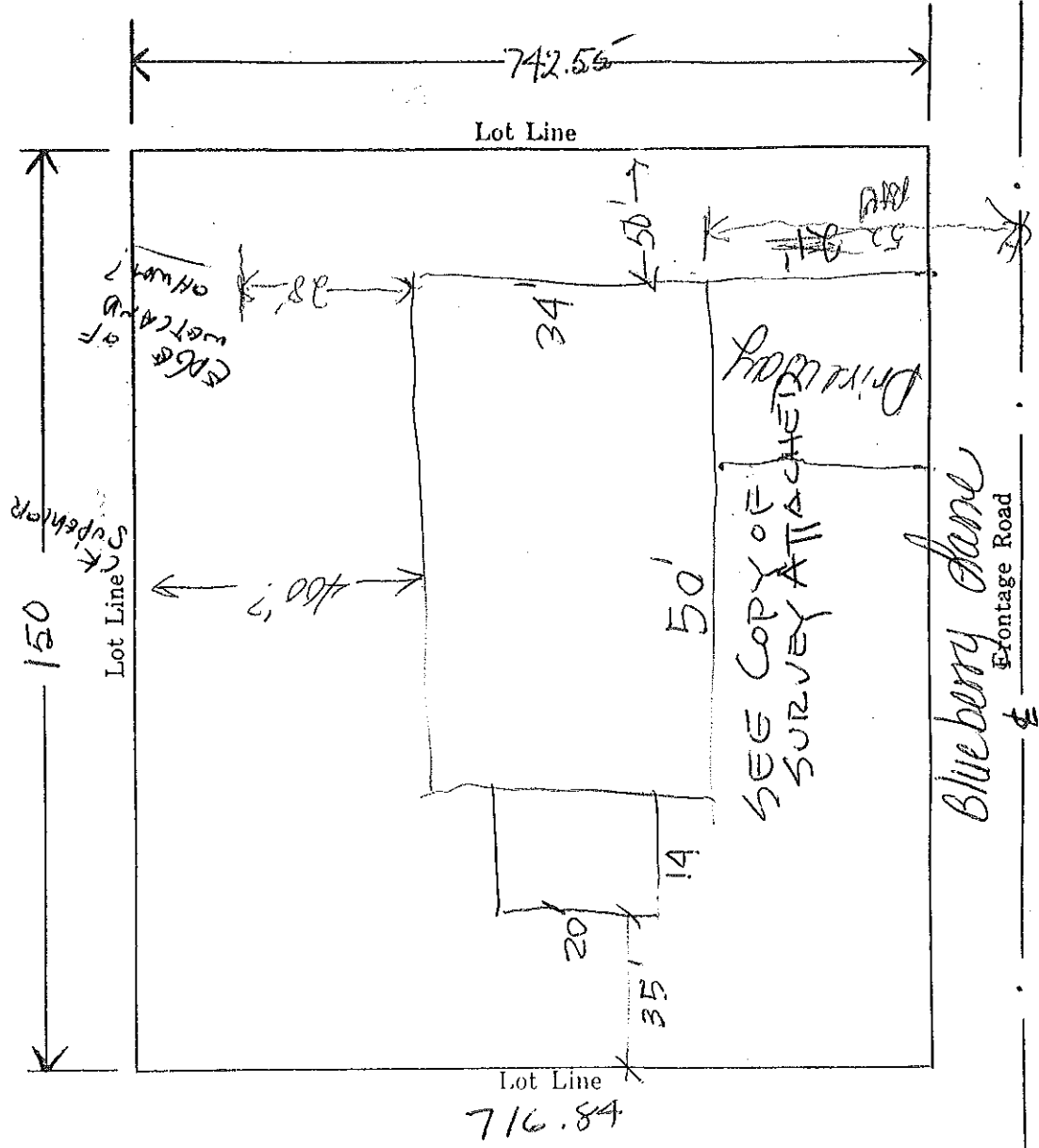
Owner or Authorized Agent (Signature) [Signature] Date 9/2/08
 Address to send permit 77655 N. Taughton Pl. Ro. Washburn, WI 54891 ATTACH
 Copy of Tax Statement of _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 9-16-08 Permit Number 08-0505 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: SPRINKLER SYSTEMS / CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CORRE
COMPLIANT & PERMIT MAY BE
ISSUED IF CONDITIONS By DAC Date of Inspection 9-10-08

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: FOURTH DISTANCE OF THE STRUCTURE MUST BE AT LEAST 25 FEET FROM THE
DESCRIBABLE EDGE OF THE ADJACENT LOT.
 Survey date on file # 96-5672 Signed [Signature] Date of Approval 9-10-08
Permissions of Deed Inspector [Signature] Rec'd for Issuance

1. Using the frontage road as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank, and drain field.
4. Show the location of any lake, river or stream if applicable.
5. Show dimensions in feet on the following:
 - a. building to all lot lines
 - b. building to centerline of road
 - c. building to lake, river, or stream
 - d. septic tank to closest lot line
 - e. septic tank to building
 - f. septic tank to well
 - g. septic tank to lake, river, or stream
 - h. drain field to closest lot line
 - i. drain field to building
 - j. drain field to well
 - k. drain field to lake, river, or stream
 - l. well to building



Indicate whether or not the following locations are staked:

Structure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Drain Field	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Septic Tank	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Well	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 AUG 28 2008
 Bayfield Co. Zoning Dept.

ENTERED

Application No: 08-0504
 Date: _____
 Zoning District A-1
 Amount Paid: \$ 175.00 RDS TBA
Res 125 9/8/08 RDS 8/28/08

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.

AG 1
 LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Legal Description NE 1/4 of NE 1/4 of Section 21 Township 50 North, Range 6 West, Town of BELL

Gov'l Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20 ACRES
 Volume _____ Page _____ of Deeds _____ Parcel I.D. # 010-1034-06-911 Use Tax Statement for Legal Description _____

Property Owner CHARLES KONSITZKE Contractor CHARLES KONSITZKE (Phone) 608-427-3564
 Address of Property SISKIWIIT LAKE RD Plumber ED WROBLEWSKI
CORNUCOPIA WI Authorized Agent _____ (Phone) _____

Telephone 608-427-3564 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Estimated Cost of Construction 30,000 Square Footage 1232 Sanitary: New Existing _____ Privy _____ City _____

- USE:**
 * Residence or Principal Structure (# of bedrooms) 3
 Residence sq. ft. 1232
 * 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.

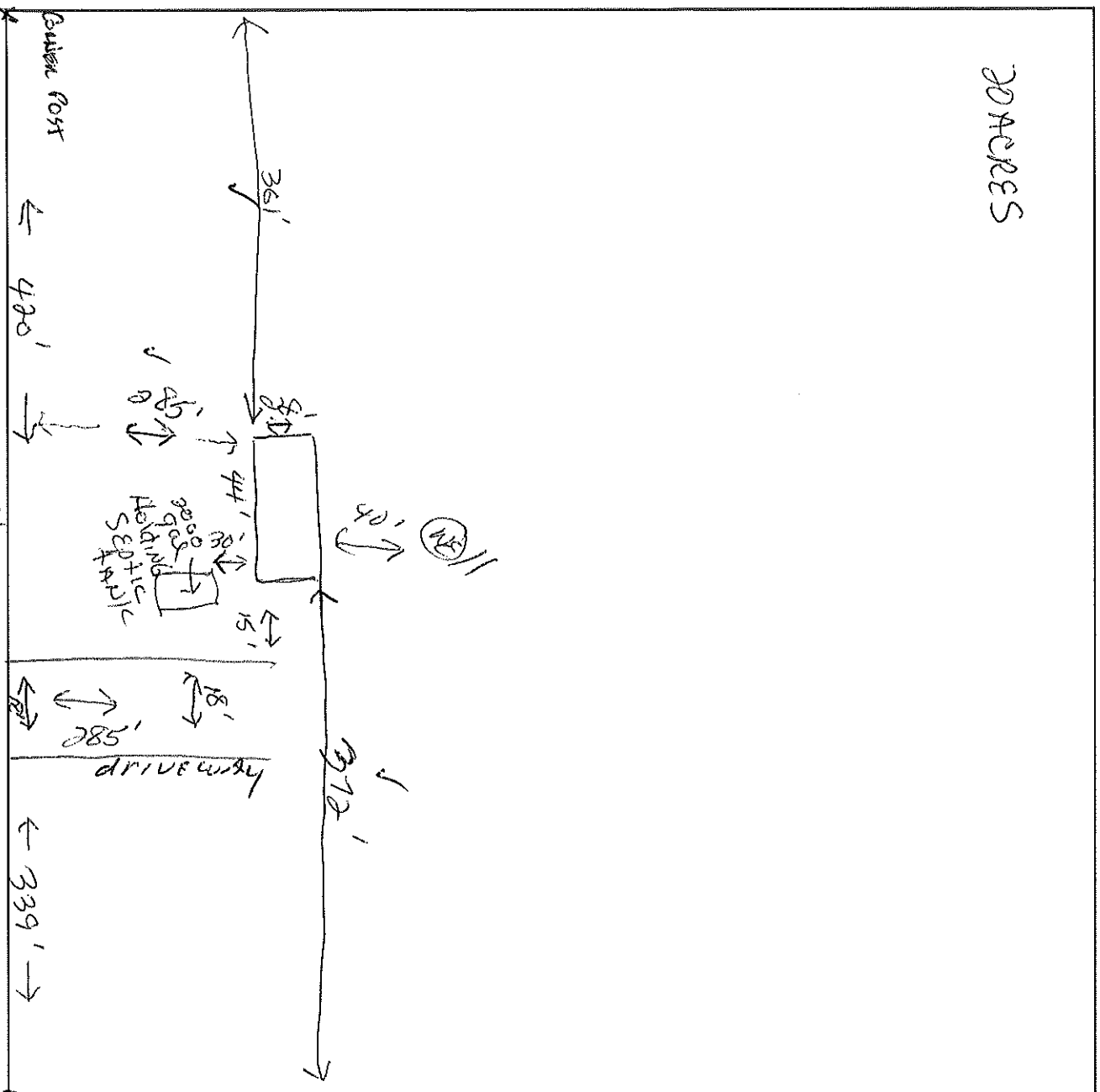
Owner or Authorized Agent (Signature) Charles A Konsitzke Date 25 Aug 08
 Address to send permit 102 DONALD ST CAMP DEGLAS WI ATTAICH _____
54618 Copy of Tax Statement _____
 * See Notice on Back if you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 08-1144 Date 8-13-08
 Date 9-16-08 Permit Number 08-0504 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structural setbacks/conditions as represented by owner appears to meet code requirements & permit may be issued pending fee & other conditions Date of Inspection 8-13-08 9-3-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A UNIFORM DWELING CODE (UDC) PERMIT MUST BE OBTAINED FROM THE WORKING COUNCIL UDC INSPECTION MUST BE OBTAINED OF CONSTRUCTION.
Prior to the start of construction.
 Signed _____ Inspector [Signature] Date of Approval 9-3-08
 Rec'd for Issuance _____

S
Lot Line

20 ACRES



NOTE - BLDG. STR. W/IC. DRAWING

Name of Frontage Road (SISKIWIT LAKE RD)

Custer Post
Custer Post
Stucky Co

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 - (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
 - 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

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.