

\$390.00

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
 JUN 17 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0261
 Date: 6-17-09
 Zoning District: OUTS
 Amount Paid: 390-6-17-09

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

Legal Description: 1/4 of Section 32 Township 51 North, Range 6 West, Town of Bell

Gov't Lot 3 Lot 2 Block _____ Subdivision _____ CSM # 1146 Acreage 3.580

Volume 802 Page 944 of Deeds Parcel I.D. # 04-010-2-51-06-32-2 Use Tax Statement for Legal Description

Property Owner Yvette Fleming Trust Contractor Steve Denker (Phone) 715-742-3914

Address of Property 20130 Mt. Ash Rd Plumber Dennis Bachand 715-373-2020

Connoquia WI 54827 Authorized Agent _____ (Phone) _____

Telephone 715-742-3427 (Home) _____ (Work) _____

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

Estimated Cost of Construction 130,000 Square Footage 964 Sanitary: New Existing _____ Privy _____ City _____

- 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) Bedrooms, kitchen, living space
 - Residential Accessory Building (explain) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) _____
 - Mobile Home (manufactured date) _____
 - 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 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) Yvette Fleming Date 6/17/09

Address to send permit P.O. Box 225 Connoquia WI 54827 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number 09-835 Date 6-19-09

Date 7-1-09 Permit Number 09-0261 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL STAPLES/CONDITIONS AS PRESENTED BY OWNER APPEAL TO BE DONE CURRENTLY A NO PERMIT MAY BE ISSUED. By DDC Date of Inspection 6-24-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed [Signature] Inspector

Date of Approval 6-26-09

Rec'd for Issuance

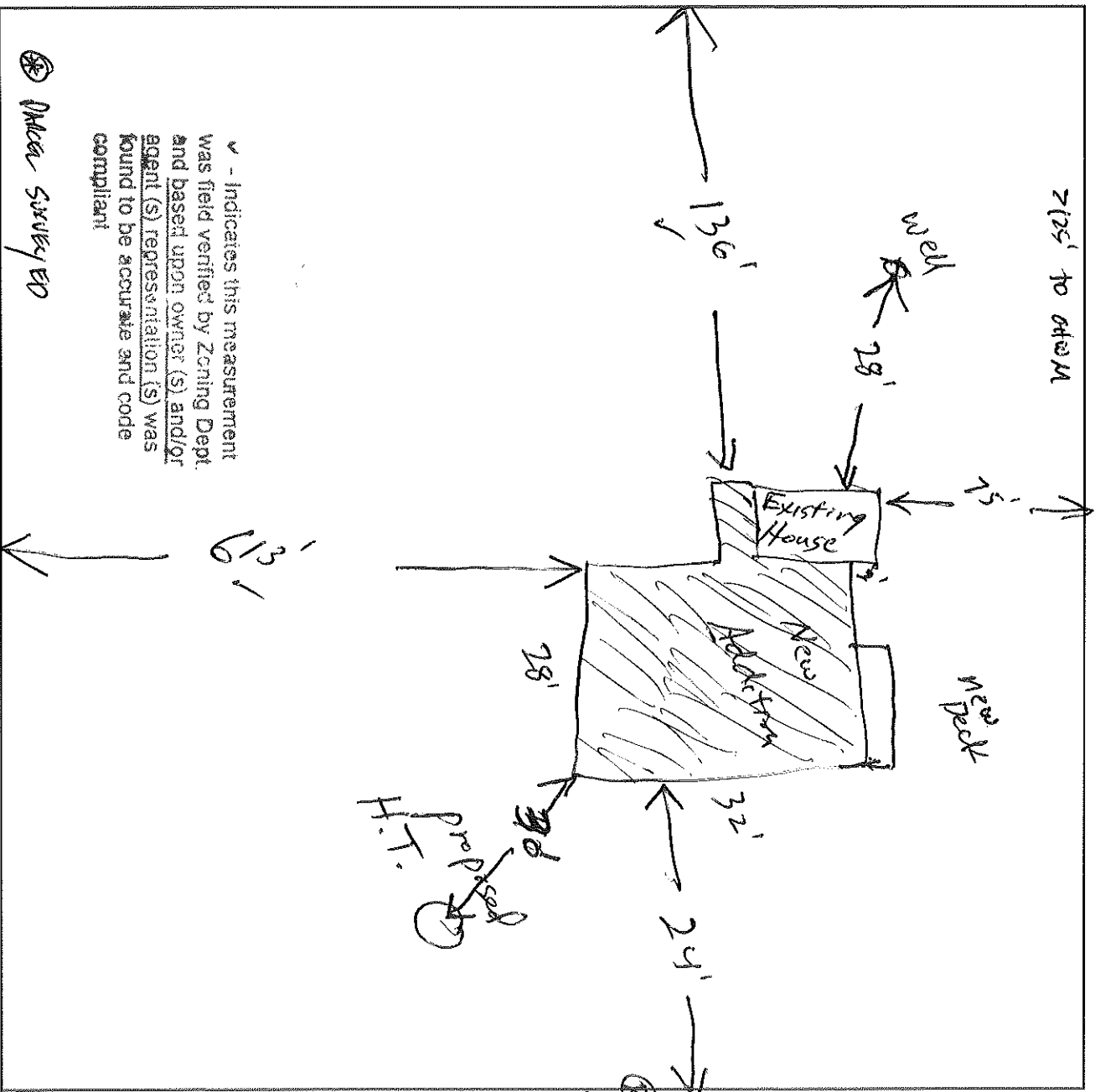
SANITARY PERMIT #

JUN 30 2009
 Secretarial Staff

Lake Superior

75' to top of Buft Lot Line

>125' to stream



DATA SURVEYED

Name of Frontage Road (MT-ASH 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 - (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.