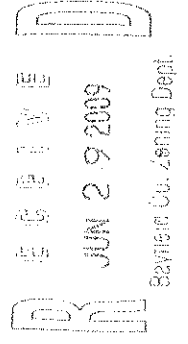


SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**



ENTERED

Application No: 09-0277
 Date: F-1 / Class 3
 Zoning District: 09.00 6/30/09
 Amount Paid: dk

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 NE 1/4 of Section 22 Township 50 North, Range 6 West, Town of Bell
 Gov't Lot 2 Block 2 Subdivision 1381 CSM # 6.49
 Volume V. 922 Page 168 of Deeds Parcel I.D. 04-010-250-06-22-102-000 10000 715-395-5705

Property Owner: James + Stephanie Brewer
 Address of Property: Rocky Road
 Authorized Agent: Richard Gorko (Phone) 715-456-8680

Telephone: 608-884-6227 (Home) 608-728-2139 (Work)
 Plumber: NA

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 Value 33,000 Square Footage 3160
 Sanitary: New Existing Privy City

USE: * Residence of Principal Structure (# of bedrooms) Pole Bldg
 Mobile Home (manufactured date) NA

- Residence sq. ft. 45 x 48
- * 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) _____
- 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): James O. Brewer Date 6/25/09
 Address to send permit: W9245 Red Feather Dr. Cambridge, WI 53523 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 _____ Date _____
 Date 7-13-09 Permit Number 09-0277 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: STRUCTURE SETBACKS/CONDITIONS AS REQUESTED BY OWNER APPEALS TO BE COE
CONTRACT #10 (SETBACK MAY BE ISSUED DOE) Date of Inspection 7-9-09

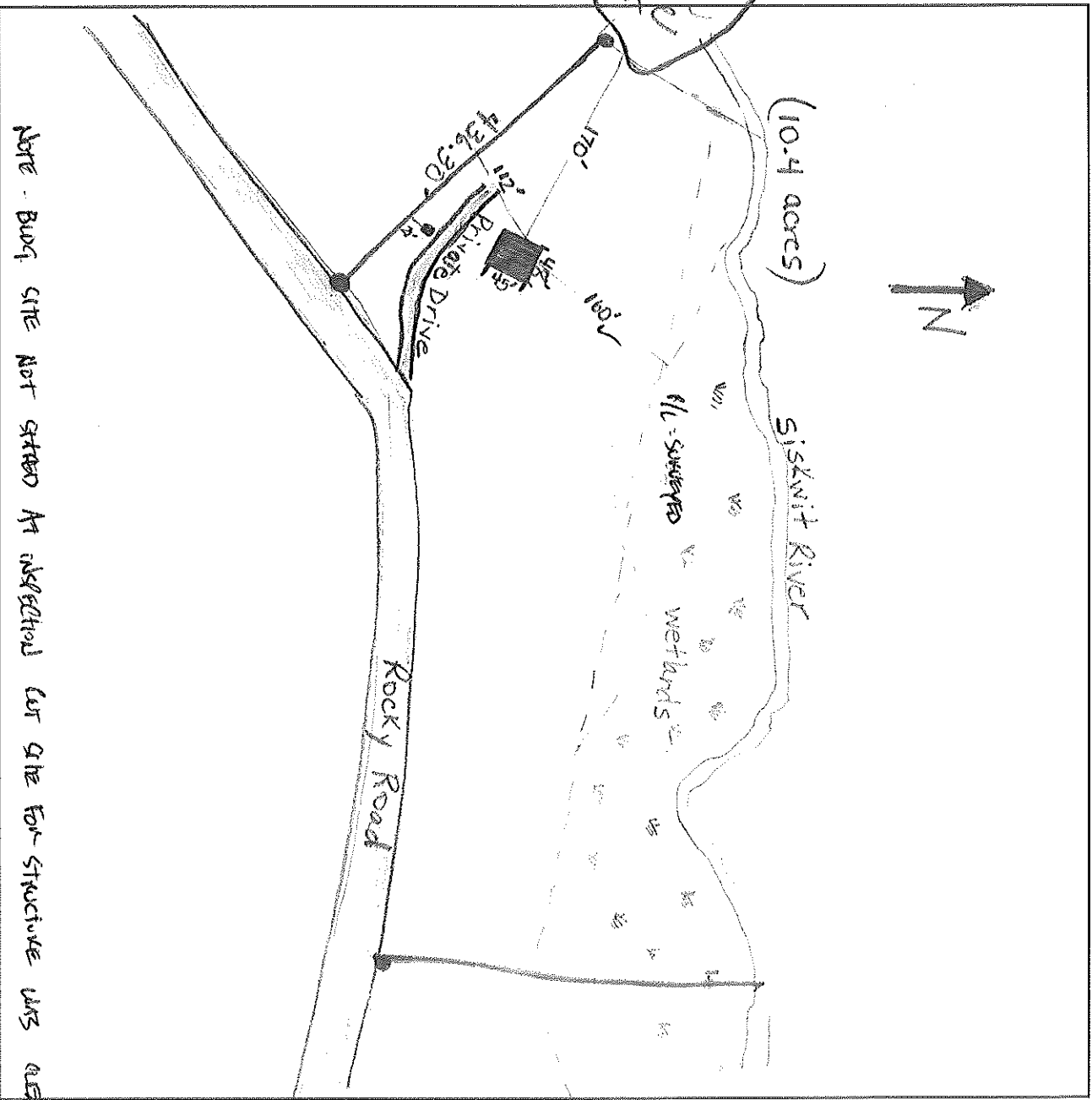
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: STRUCTURE MAY NOT BE USED FOR HEATED HABITATION OR FOR LIVING SPACE UNLESS ALL APPLICABLE COE REQUIREMENTS ARE MET.

Inspected for Issuance: zoning + utility + fire Signed: [Signature] Date of Approval 7-9-09

JUL 13, 2009

Secretarial Staff

Lot Line



Name of Frontage Road (Rocky 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 11' x 1'
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond 170' lake 160' river
 - 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.