

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 28 2009

Application No.: 09-0462
 Date: _____
 Zoning District: A-1
 Amount Paid: \$75 9/29/09
m.j.

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 Garage/Storage

Use Tax Statement for Legal Description

Legal Description SE 1/4 of SE 1/4 of Section 10 Township. 50 North, Range 6e West, Town of Bell

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 14.0

Volume 918 Page 384 of Deeds Parcel I.D. 04-010-2-50-06-10-4 04-00-10000

Property Owner Thomas M Mason Contractor SELF (Phone) 742-3556

Address of Property 86160 Cty Rd C Plumber N/A

Telephone 742-3556 (Home) 743-546-3913 (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 Basement: Yes No Number of Stories _____
 Fair Market Value 75000 Square Footage 576 Sanitary: New _____ Existing K Privy _____ City _____
USE: Type of Septic/Sanitary System N/A H-T's

- * 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) _____
- Residential Accessory Building (explain) Garage/Storage
- 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

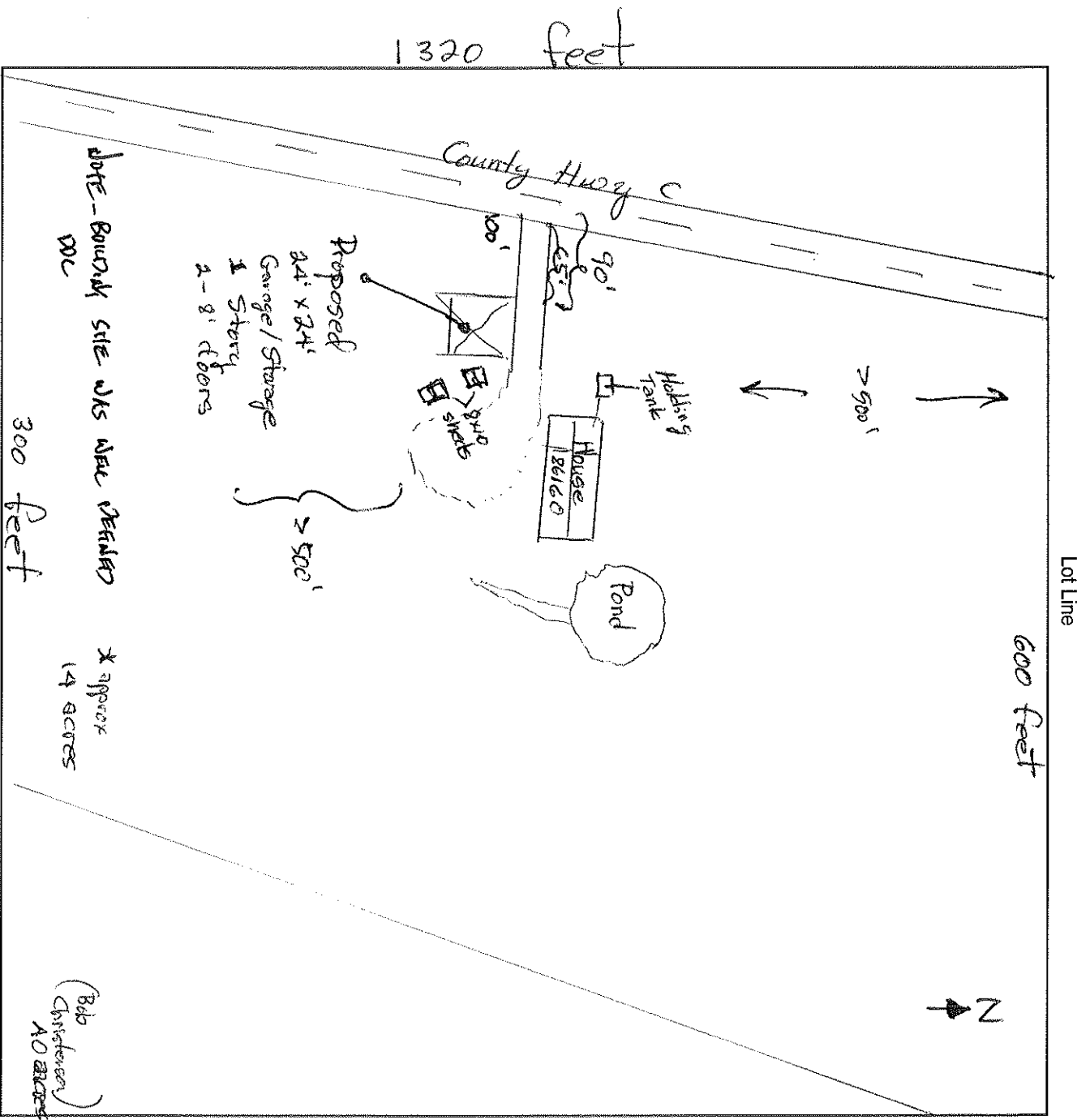
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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) Thomas M Mason Date 28 Sept 09

Address to send permit 123 Winnetka Ave S Mpls Mn 55426 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 10/2/09 Permit Number 09-0462 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Sanitary Setup/Conditions to be corrected by order - APPEALS TO BE CODE CORRECTED & LA. PERMIT MAY BE ISSUED. By DDC Date of Inspection 10-1-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Applicant _____ Signed [Signature] Inspector _____ Date of Approval 10/1/09
 Rec'd for Issuance 10/1/09
 OCT 2 2009
 Secretarial Staff _____



Name of Frontage Road (City Rd C)

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.