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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
 JAN 04 2010
 Bayfield Co. Zoning Dept.

Application No.: 10-0044
 Date: _____
 Zoning District L-1 (CLASS 1)
 Amount Paid: \$250
1/5/10

ENTERED

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: CERTIFIED SURVEY MAP #1547, DOCUMENT #2007R-514367
 Legal Description: 1/4 of Section 29 Township 51 North, Range 6 West, Town of BELL
 Gov't Lot 1 Lot 3 Block _____ Subdivision _____ CSM # 1547 Acreage .76
 Volume 9 Page 175 of Deeds Parcel I.D. 04-010-2-51-06-29-405-002-7300
 Property Owner BRIAN BRIGGS Contractor KWET KIEHNE (Phone) 715-373-0661
 Address of Property ACREAGE ON E. ROMAD'S POINT RD, CORNUCOPIA, WI Plumber ED. WIRZBIEWSKI
 Telephone 715-339-0411 (Home) 715-339-0411 (Work) _____ Authorized Agent BRIAN BRIGGS (Phone) 715-339-0411

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 80900 Square Footage 784 1064 Privy _____
USE:
 * Residence or Principal Structure (# of bedrooms) 2 Type of Septic/Sanitary System _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) 2 Mobile Home (manufactured date) _____
 Residence sq. ft. 784 Commercial Principal Building _____
 Residence sq. ft. 784 Porch sq. ft. 280 Commercial Principal Building Addition (explain) _____
 Deck sq. ft. N/A Deck(2) sq. ft. N/A Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____
 Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____
 Residential Other (explain) _____

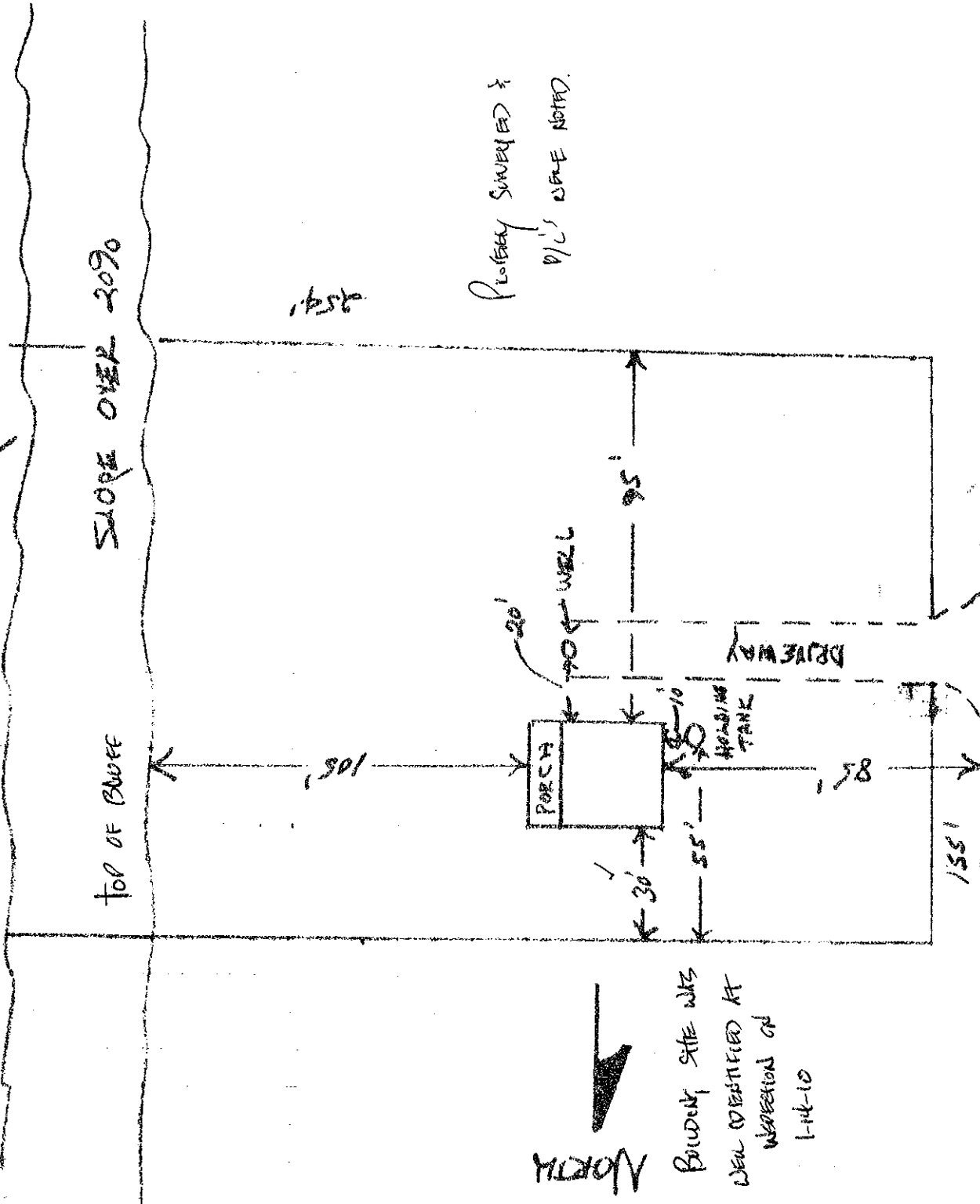
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) Brian Briggs Date 11-30-09
 Address to send permit 27140 240th AVE, HOLCOMBE, WI 54745 ATTACH
 Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 10-045 Date 3-17-10
 Date 3-19-10 Permit Number 10-0044 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure meets conditions as represented by aerial photos to be done
Condition: A-100 from Acreage Doc (see) permit from the locally contracted civil engineering agency
most be obtained prior to the start of construction.
 By DR Date of Inspection 1-14-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Date of Approval 1-14-10
 Inspector _____ Rec'd for Issuance _____
 ON-SITE CONSULT - SERIAL 102
 MAR 19 2010
 Secretarial Staff

LAKE SUPERIOR



E. ROMAN'S POINT RD.

PORCH IS 10' X 28'

HOUSE IS 28' X 28'

EACH SQUARE EQUALS 10'

HOLDING TANK TO WELL IS 35'

HOLDING TANK TO LAKE IS 150'