

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
 AUG 18 2010

ENTERED

Application No. 10-0390
 Date: _____
 Zoning District: 6-1/CLASS 1
 Amount Paid: \$175.00 ROS
8/19/10

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 Lot #1 CSM # 1493 IN V.9 P.55 IM 2005R-499442

Legal Description 1/4 of Section 27 Township 51 North, Range 6 West, Town of _____

Gov'l Lot 6 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume _____ Page _____ of Deeds Parcel I.D. 04-010-2-51-06-29-4 05-006-6100

Property Owner Janet E. Sterk Contractor A. David Sterk (Phone) _____
 Address of Property 89159 W. Roman's Pt. Rd Plumber Dennis Bachard
Herbster, WI 54844 Authorized Agent _____ (Phone) _____

Telephone 715-742-3502 (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 _____
 Fair Market Value \$297,000 Square Footage 1248
 USE: * Residence or Principal Structure (# of bedrooms) 2
 * Residence w/deck-porch (# of bedrooms) 2
 Residence sq. ft. 1248 Porch sq. ft. 131
 Deck sq. ft. 358

* Residence w/attached garage (# of bedrooms) 0 - garage
 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) Short term rental
 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.

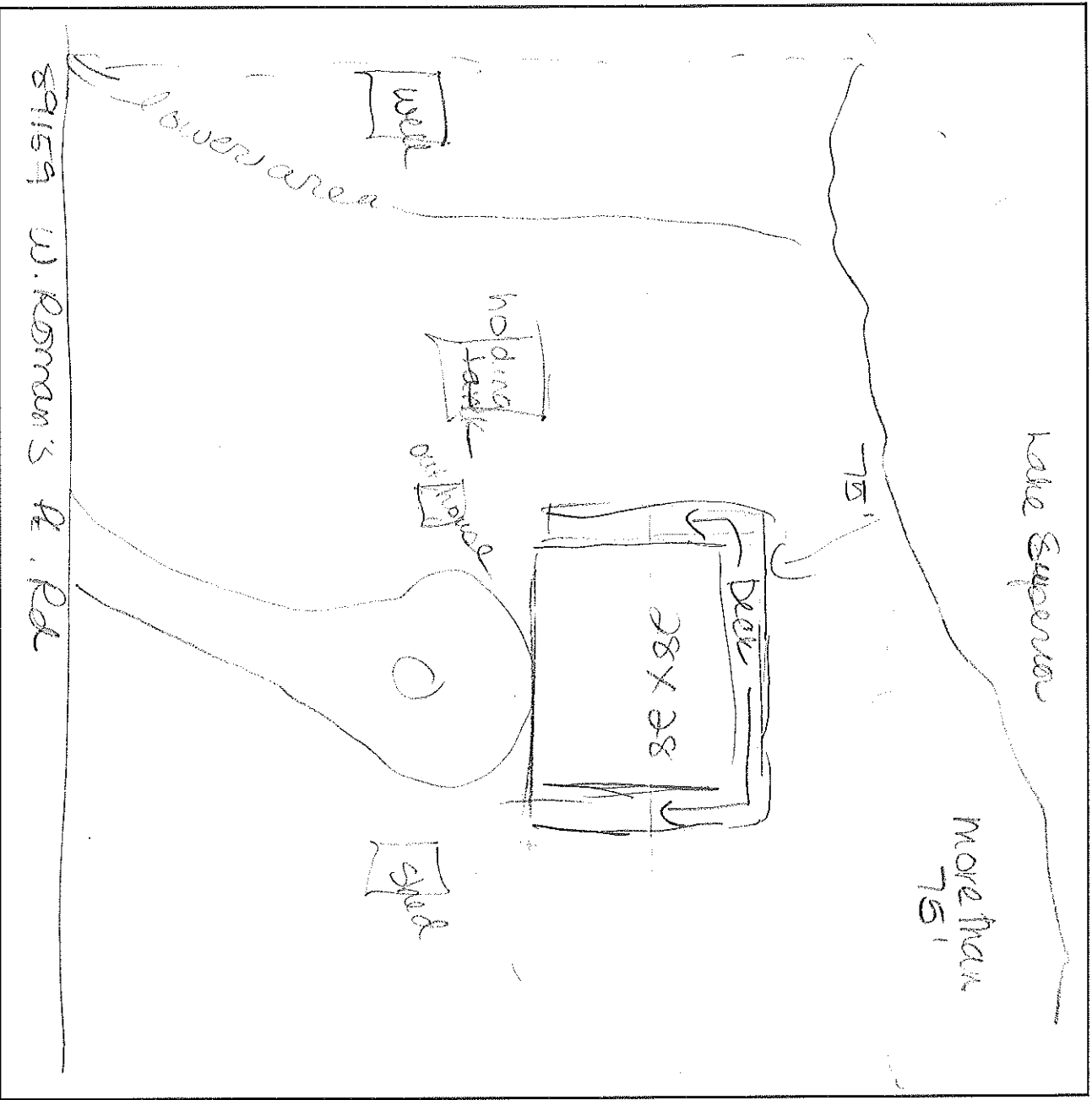
Owner or Authorized Agent (Signature) Janet Sterk Date 8-14-10

Address to send permit 13588 Channing Tr. No 8711 water, MN, 55082 ATTACH Copy of Tax Statement or (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 07-172 Date 2007
 Date 9/27/10 Permit Number 10-0390 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: EXISTING CONSTRUCTION (SINGLE FAMILY) 3 POLES, STORMWATER BASE PERMIT MAY BE ISSUED FOR THE By DOC Date of Inspection 8-23-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A POLEST ROOM PERMIT FROM THE BAYFIELD COUNTY HEALTH DEPARTMENT MUST ALSO BE OBTAINED. @ AS PER ORDINANCE OF THE TOWN BOARD (SEE ATTACHED)
 Signed [Signature] Inspector _____ Date of Approval 8-23-10
 Rec'd for Issuance _____ Rec'd for Issuance _____
SEP 27, 2010 SEP 20 2010 Town Creecher Missing
 Secretarial Staff Secretarial Staff

Lot Line



Name of Frontage Road (W. Roman's Pt. 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. (*see attached blue prints*)
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage. (*see attached blueprints*)
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

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.