

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 10 2011

Bayfield Co. Zoning Dept

Application No: 11-00047
 Date: 8/23/11
 Zoning District: A-1(-)
 Amount Paid: 50.-
 8/23/11 CLK



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 FEAR

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
 Volume _____ Page _____ of Deeds Parcel I.D. 04-610-2-50-06-21-1 01-000-20000

Property Owner GORDON, GINI DROUILLEARD Contractor FREEDOM HOMES (Phone) 715-684-3281
 Address of Property 84825 SISKIWIIT SHORES DR. Plumber DAN STORBER
CORNUCOPIA WI. 54827 Authorized Agent _____ (Phone) _____

Telephone 715-742-3460 (Home) _____ (Work) _____
 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 mobile home Basement: Yes No Number of Stories 1
 Fair Market Value 45,000 Square Footage 1590 Sanitary: New Existing Privy City _____
 USE: _____ Type of Septic/Sanitary System A-1

- * Residence or Principal Structure (# of bedrooms) 3
 - Residence sq. ft. 1590
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) _____
 - * Residence w/deck-porch (# of bedrooms) _____
 - Residence sq. ft. _____ Porch sq. ft. _____
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - Deck sq. ft. _____ Deck(2) sq. ft. _____
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - * Residence w/attached garage (# of bedrooms) _____
 - Residence sq. ft. _____ Garage sq. ft. _____
 - Commercial Other (explain) _____
 - Special/Conditional Use (explain) _____
 - Residential Addition / Alteration (explain) _____
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (explain) _____
 - Residential Accessory Building (explain) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) FEAR

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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.
 Owner or Authorized Agent (Signature) Sharon Schoof Date 8/9/11

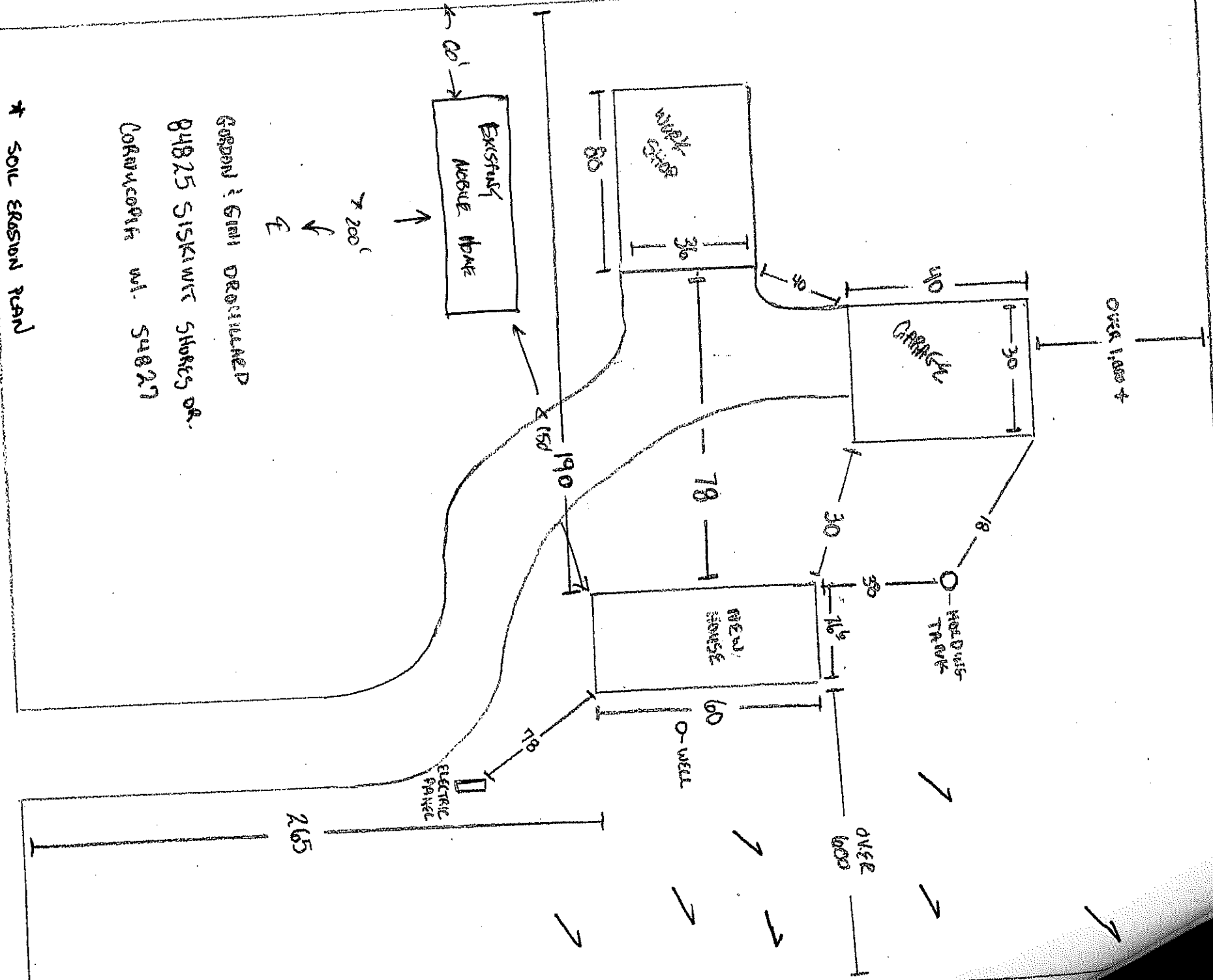
Address to send permit 84825 SISKIWIIT SHORES DR. CORNUCOPIA WI. 54827 ATTACH _____
 * See Notice on Back Copy of Tax Statement or (if you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number 248212 Date 1998
 Date 8/23/11 Permit Number 11-00047 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: PRE-EXISTING SEPTIC OVERSIGHT FORSE FEAR
Permit was issued by the next day Date of Inspection 8-16-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: Structure (Mobile home) must be removed by August 16, 2011 or walled to a compliant
backstop on a permit must be obtained according to the requirements relevant of said
Structure
 Raced for Issuance Signed [Signature] Inspector _____ Date of Approval 8-16-11

L.U. + TRA
AUG 23 2011
 Secretarial Staff
 THE STATEMENT / COPY OR OF AUTHORIZATIONS



GORDON & GINI DEVELOPED
 84825 SISKIWIIT SHARES DR.
 CORNWALLON W.I. 54827

* SOIL EROSION PLAN

SISKIWIIT SHARES DR.