

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
PERMITIVE
 AUG 11 2011
 Bayfield Co. Zoning Dept.

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.

Application No: 11-0301
 Date: 8/30/11
 Zoning District: RS
 Amount Paid: \$175.00 PDS
8/18/11



LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description _____ 1/4 of _____ 1/4 of Section 34 Township 51 North, Range 6 West, Town of Belle

Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume 1663 Page 871 of Deeds Parcel I.D. 04610251063410500160000

Property Owner Meredith Gerber and Gerald Brockert Contractor _____ (Phone) _____

Address of Property 214 Hwy 13 Plumber _____

21-2155 Authorized Agent _____ (Phone) _____

Telephone 715-682-8222 (Home) 715-209-6968 (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

Fair Market Value 113,000 Square Footage 1120 (40x27)

USE: Residence or Principal Structure (# of bedrooms) 3 Type of Septic/Sanitary System _____

Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. 1120 Commercial Principal Building _____

Residence w/deck-porch (# of bedrooms) 3 Commercial Principal Building Addition (explain) _____

Residence sq. ft. 1120 Commercial Accessory Building (explain) _____

Deck sq. ft. 160 Commercial Accessory Building Addition (explain) _____

Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Special/Conditional Use (explain) Short Term Rental

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Accessory Building Addition (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) Frank Borden Date 7/11/11

Address to send permit 70245 RANGE RD ASHLAND WI 54806 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 W99834 Date W991

Date 8/30/11 Permit Number 11-0301 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: inspections were made/ADVISORY ASIDE READY/HI OUT ADJUTED REVISIONS ARE SENSITIVE USED

Responsible Person's Name Ray Bog By DR Date of Inspection 8-29-11

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: the re-closed health use will require a "trust look" permit from the engineer

County Health Dept

Signed [Signature] Inspector [Signature] Date of Approval 8-29-11

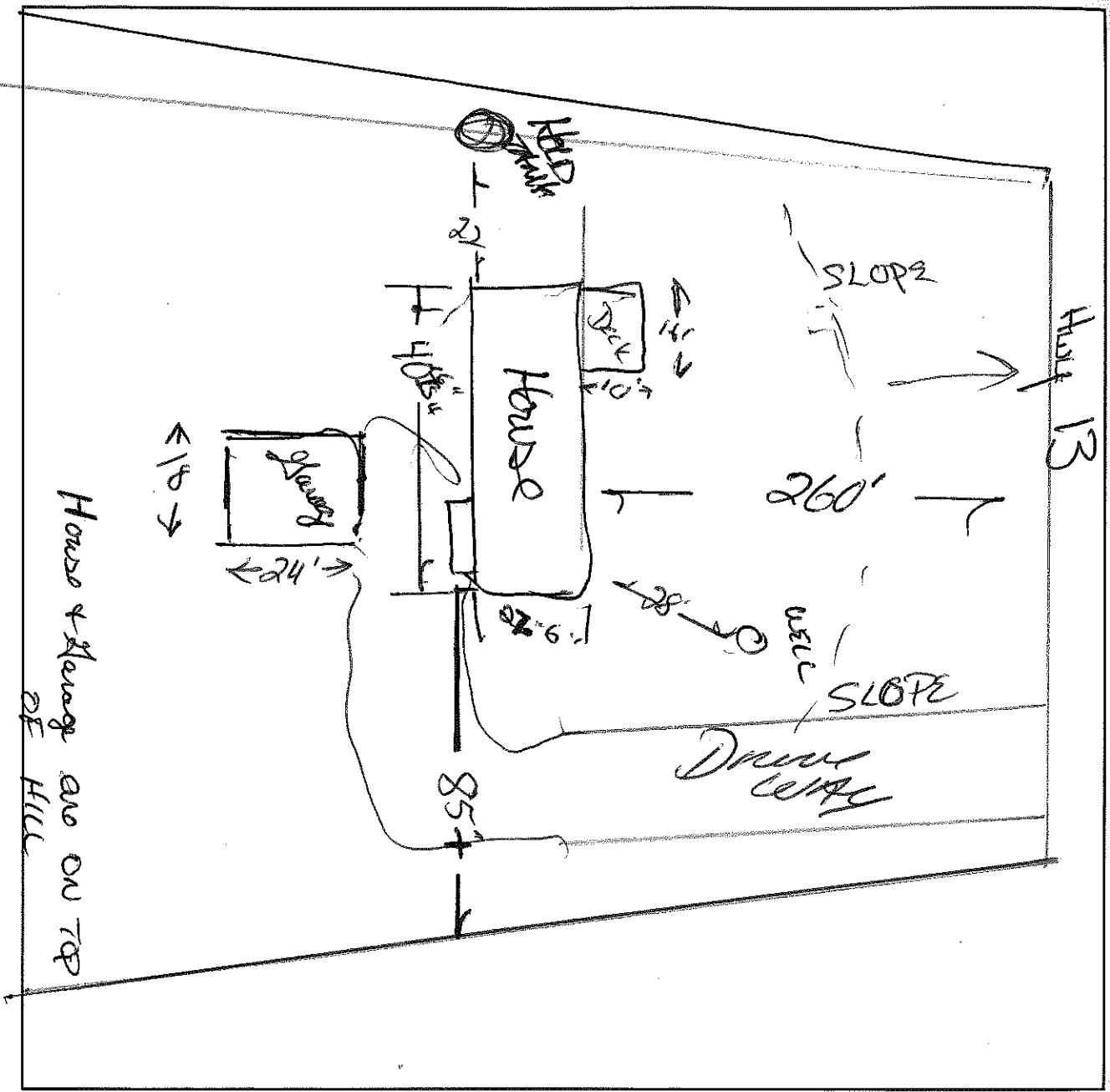
ADVISORY ASIDE - TRUST LOOK Rec'd for Issuance _____

ADVISORY ASIDE - REVIS ASH BORD REVISION SERVICES AUG 30 2011

Secretarial Staff

LAKE

Lot Line



Name of Frontage Road (STARTS HWY 13)

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

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

*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.