

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 09 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0359
 Date: 9/30/11
 Zoning District: Residential-1/ class 1
 Amount Paid: \$75.00 PDS
9/9/11

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

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

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 13.4-

Volume _____ Page _____ of Deeds Parcel I.D. 66-010-2-51-06-27-1-05-004-0000

Property Owner CARP WUDDELL Contractor _____ (Phone) _____

Address of Property 89135 W. POLAN'S POINT RD. COVINGTON, WI Plumber _____ (Phone) _____

Telephone (651) 350-1320 (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 Basement: Yes No _____ Number of Stories 1

Fair Market Value 14,000 Square Footage 970 sq ft Sanitary: New Existing _____ Privy _____ City _____

USE: Residential or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System 4 ft

Residence sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ 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) was destroyed/demol state

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) Carla WuddeLL Date 9-2-2011

Address to send permit 10821 PENFIELD AVE. COURT N. STILLWATER, MN 55082 ATTACH _____

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Copy of Tax Statement or (if you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 11-9485 Date 9-25-11

Date 9/30/2011 Permit Number 11-0359 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Sanitary standards as per state by Carla WuddeLL By DCR Date of Inspection 9-12-11

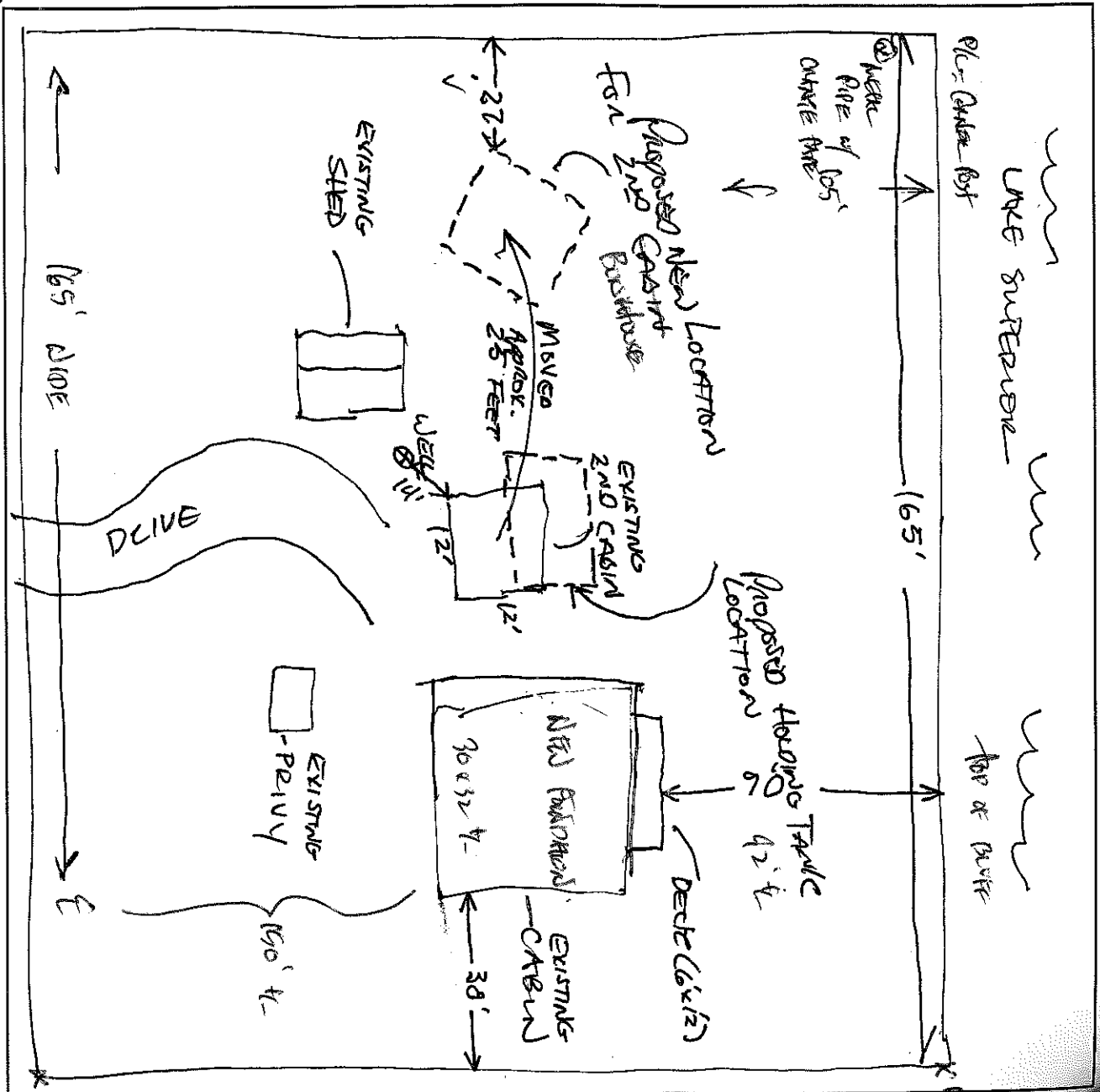
Contract via Permit was by DCR Date of Inspection 9-12-11 Variance (B.O.A.) # _____

Mitigation Plan Required: Yes No Condition: _____

Rec'd for Issuance SEP 30 2011 Signed [Signature] Inspector _____ Date of Approval 9-12-11

Secretarial Staff





NOTE - BACK SIDE AREA DETAILS
 FRONT BOUNDARY - NO DISTANCE FROM SOIL, SOME OVERLAP WITH

Survey Posts

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 tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.