

ENTERED

\$75

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
 MAY 27 2008
 Bayfield Co. Zoning Dept.

Application No: 08-0219
 Date: _____
 Zoning District: F-1
 Amount Paid: \$75.00 RDS
5/29/08

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. 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
 Legal Description: NW 1/4 of NE 1/4 of Section 20 Township 43 North, Range 8 West, Town of Cable
 Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20
 Volume 937 Page 479 of Deeds Parcel I.D. # D12-119-07 Use Tax Statement for Legal Description
 Property Owner David Dodge Contractor self (Phone) _____
 Address of Property Cable, WI 54821 Authorized Agent _____ (Phone) _____
 Telephone 638-6823 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Estimated Cost of Construction \$8,000 Square Footage 1120 Sanitary: New _____ Existing _____ Privy City
 USE: 28 x 40'

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) garage w/loading dock
- 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) [Signature] Date 5-27-08
 Address to send permit N8184 Baker Lane, Ferge, WI 54888 ATTACH Copy of Tax Statement

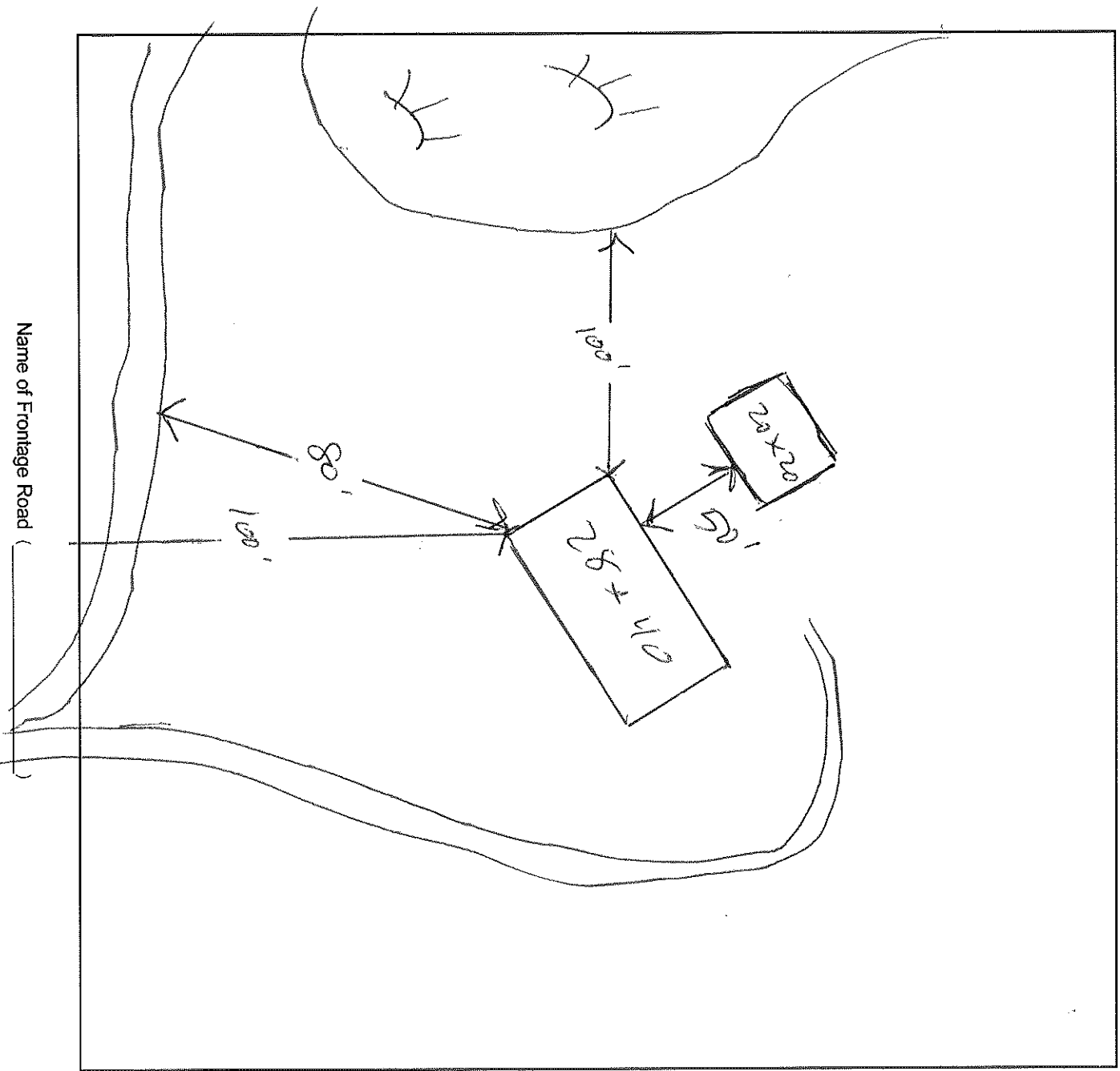
* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 6/19/08 Permit Number 08-0219 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets all setbacks. Property lines per owner's representations By M. Fustak Date of Inspection 6-5-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Not to be used for human habitation.

Signed Michael Fustak Date of Approval 6-6-08
 Inspector _____
 Secretarial Staff

Rec'd for Issuance
 JUN 09 2008

Lot Line



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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

ENTERED

COMPLETED ORIGINAL APPLICATION, TAX STATEMENT SEE TO: Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 573-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

RECEIVED MAY 27 2008 Bayfield Co. Zoning Dept.

Application No: 08-0212 Date: Zoning District: R-1 Amount Paid: \$75.00 PDS 5/29/08

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: [X] SANITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [] B.O.A. [] OTHER [] Legal Description: NE 1/4 of NE 1/4 of Section 24 Township 43N North, Range DRW West, Town of Cable Gov't Lot: Subdivision: CSM #: Acreage: 5.00 Volume: 596 Page 113 of Deeds 04-013-2-43-07-34-1 Parcel I.D. # 01-000-30000 Use Tax Statement for Legal Description Property Owner: Thomas Hawks Contractor: Dick Bischofing (Phone) 715-798-3653 Address of Property: 42965 Frels Rd Plumber

Telephone: 715-798-4499 (Home) 798-4485 (Work) Written Authorization Attached: Yes [] No [] Distance from Shoreline: greater than 75 [] 75 to 40' [] 40' less than 40' [] Structure: New [] Addition [X] Existing [X] Basement: Yes [] No [X] Number of Stories: 1 Estimated Cost of Construction: 2000 Square Footage: Sanitary: New Existing [X] S.J. PDS City: USE: * Residence or Principal Structure (# of bedrooms): 2 * Mobile Home (manufactured date) [] Commercial Principal Building []

Residence sq. ft.: 1150 Porch sq. ft.: Deck(2) sq. ft.: * Residence w/attached garage (# of bedrooms): [] * Residential Addition / Alteration (explain): Change roofline + patch [X] * Residential Accessory Building (explain): [] * Residential Accessory Building Addition (explain): [] * Residential Other (explain): New Roof [X] External Improvements to Principal Building (explain): [] External Improvements to Accessory Building (explain): []

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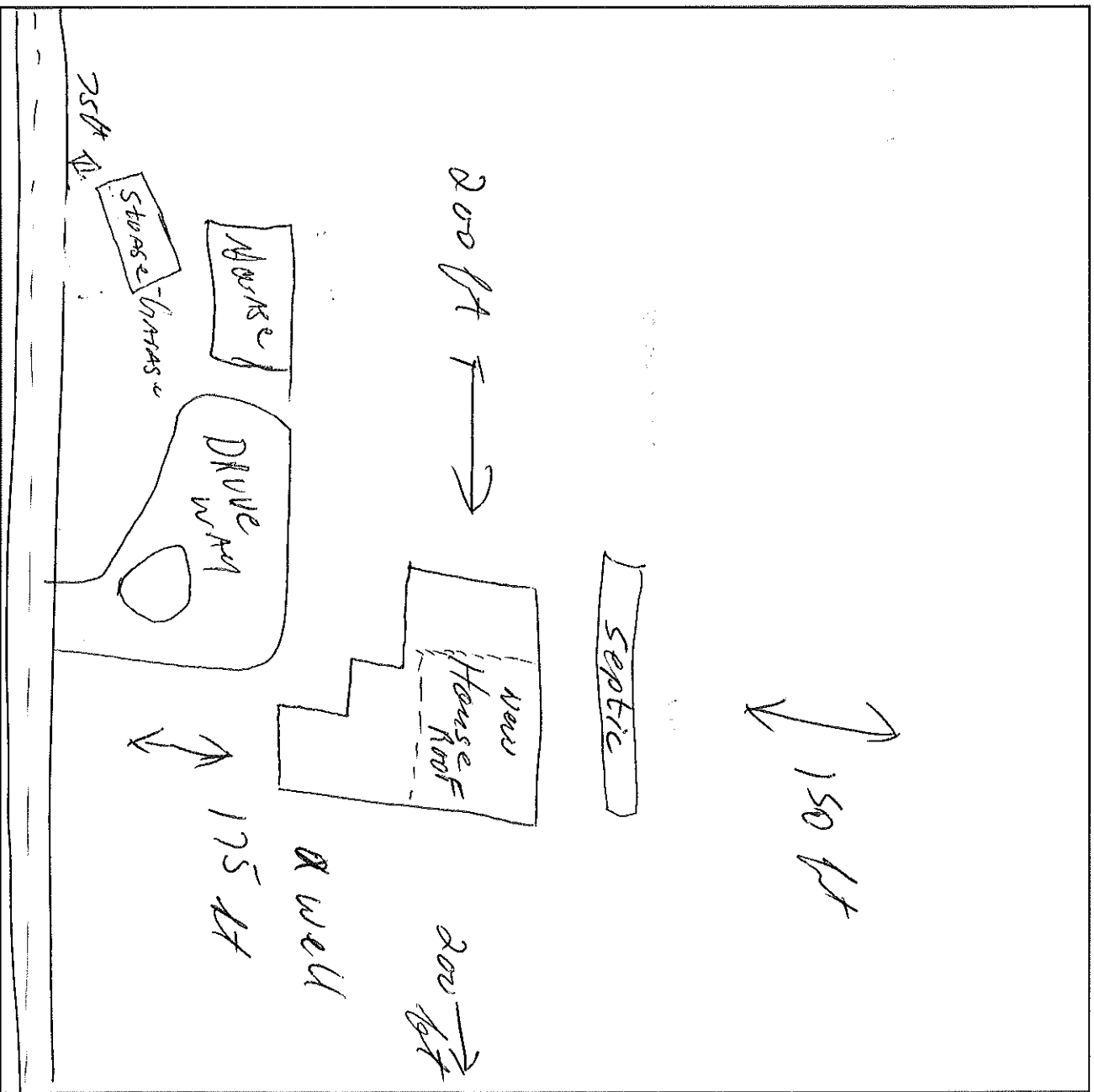
Owner or A Authorized Agent (Signature): Tom Hawks Date: 05-27-08 Address to send permit: 42965 Frels Rd, Cable WI 54821 ATTACH Copy of Tax Statement [X] Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number: Date: 6/5/08 Permit Number: 08-0212 Permit Denied (Date): Reason for Denial: Inspection Record: Structure is existing. Meet all setbacks. By: M. Futch Date of inspection: 6-3-08 Mitigation Plan Required: Yes [] No [X] Condition: No increase in footprint. Variance (B.O.A.) #:

Signed: Michael Futch 6-4-08 Inspector: Date of Approval: Rec'd for Issuance JUN 05 2008

Secretarial Staff



Name of Frontage Road (Fields Rd)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N):
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