

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 RECEIVED
 OCT 06 2010
 RECEIVED
 OCT 09 10 100

Application No: 10-0411
 Date: _____
 Zoning District: RLB
 Amount Paid: 25.00
 10/6/10 mg

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: W 300' of
 Legal Description: SE 1/4 of NW 1/4 of Section 20 Township 43 North, Range 7 West Town of CABRIS
 Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 9.33 acres
 Volume 044 Page 344 of Deeds Parcel I.D. 04012243072020400020000

Property Owner: Anne Busnesky
 Address of Property: 14295 MENDMENT RD
 CABRIS WI 54881
 Contractor: self (Phone) _____
 Plumber: NA (Phone) _____
 Authorized Agent: NA (Phone) _____

Telephone: 215-798-4434 (Home) 215-373-6138 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing _____
 Fair Market Value: \$4000 ~ Square Footage: 800

USE: * 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) 16x50 PORTICED
- Residential Accessory Building Addition (explain) ↓
- Residential Other (explain) _____

Written Authorization Attached: Yes No

Distance from Shoreline: greater than 75 75 to 40' less than 40'

Basement: Yes _____ No Number of Stories: 1
 Sanitary: New _____ Existing Privy _____ City _____

- Type of Septic/Sanitary System: CONV
- Mobile Home (manufactured date) _____
- Commercial Principal Building _____
- Commercial Principal Building Addition (explain) _____
- Commercial Accessory Building (explain) _____
- Commercial Accessory Building Addition (explain) _____
- Commercial Other (explain) _____
- Special/Conditional Use (explain) _____
- External Improvements to Principal Building (explain) _____
- External Improvements to Accessory Building (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: 9/9/2010

Address to send permit: 14295 MENDMENT RD, CABRIS, WI 54881

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

Permit Issued: _____ State Sanitary Number _____ Date _____

Date: 10/11/10 Permit Number: 10-0411 Permit Denied (Date) _____

Reason for Denial: _____

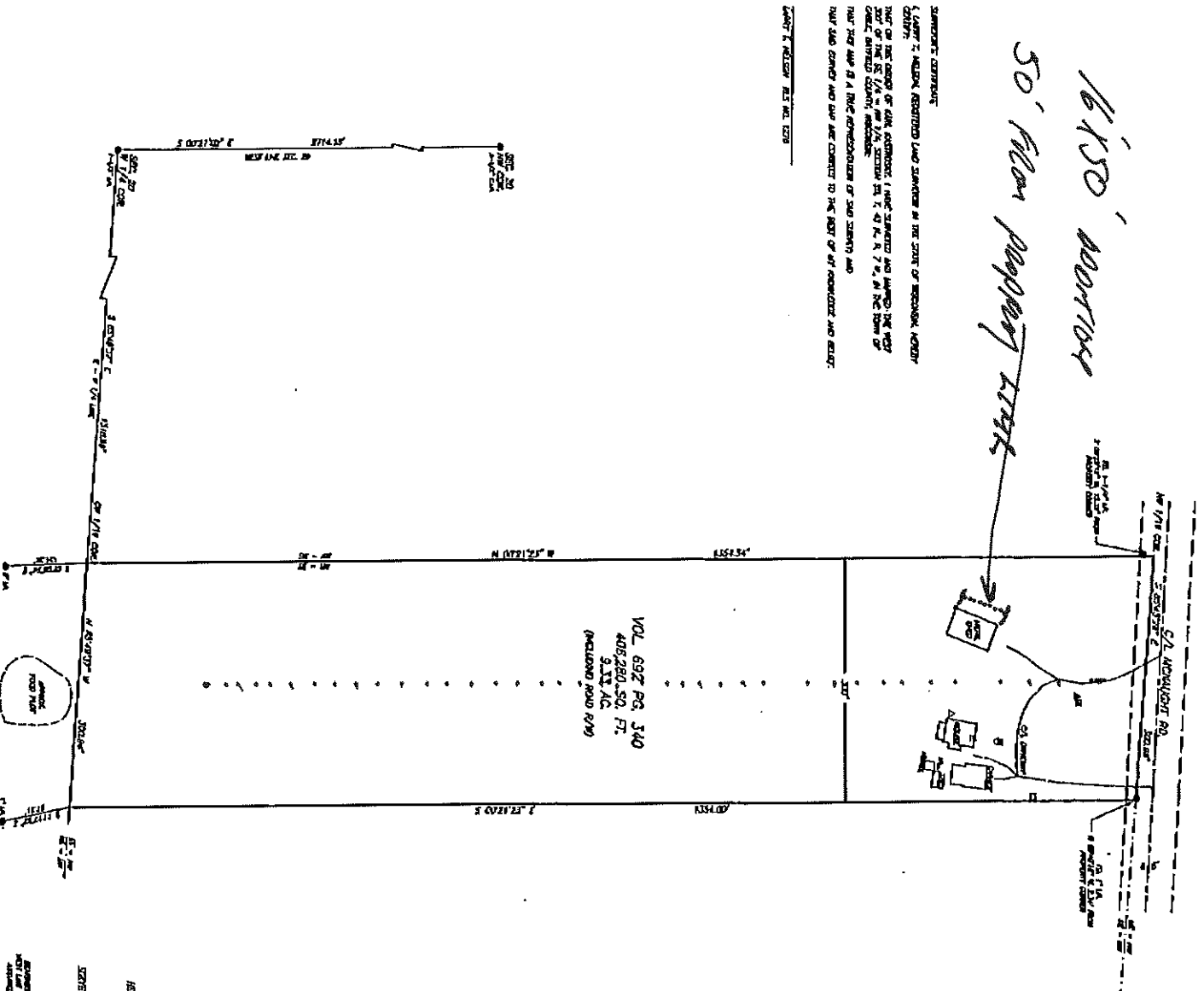
Inspection Record: M sets all setbacks. Property line per owner's representations By: M. Futch Date of Inspection: 10-7-10

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

Condition: NOT to be used for human habitation.

Signed: Michael Futch 10-11-10
 Inspector: _____ Date of Approval: _____

MAP OF SURVEY
 THE WEST 300' OF THE SE 1/4 - NW 1/4, SECTION 20, T. 48 N.,
 R. 7 W., IN THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN.



SUBJECT'S CERTIFICATE
 I, LARRY T. NELSON, REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY THAT THE BOUNDARIES OF THE ADJACENT 1/4 SECTION 20, T. 48 N., R. 7 W., IN THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN, SHOWN ON THIS MAP ARE A TRUE REPRESENTATION OF THE SAME AND THAT THE CORNERS AND BOUNDS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

LARRY T. NELSON, REGISTERED LAND SURVEYOR

- LEGEND**
- ADJACENT, AS NOTED, ROAD
 - SET 1" = 1/4" (100) X 1" OF ROAD MARK
 - ▲ SETTING MARK
 - SETTING MARK
 - TRAIL CORNER
 - △ WELL
 - FENCE POLE

CLIENT: KARL KASTROSKY

JOB NUMBER: 2010-010
 SCALE: 1" = 100'
 DRAWN BY: JLN
 DATE: 8-16-10

FILE NUMBER: 2010-010
 AND FILE NO: 2010-010
 SHEET 1 OF 1

HEART OF THE NORTH SURVEYING OF HAYWARD, INC.

1000 N. GARY ROAD
 HAYWARD, WI 54941
 WWW.HEARTOFTHENORTH.COM

PHONE: 715-835-3444
 FAX: 715-835-3444