

ENTERED

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:  
Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

RECEIVED  
OCT 24 2008  
Bayfield County Planning Dept.

Application No. 08-0605  
Date: 10-20-08  
Zoning District R-20  
Amount Paid: \$75.00 RDS  
10/24/08

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

Use Tax Statement for Legal Description

Legal Description N 1/2 of SW 1/4 of NW 1/4 of SW 1/4 of Section 34 Township 51 North, Range 7 West, Town of Clover  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Volume 942 Page 916 of Deeds Parcel I.D. 014-1097-10 Acreage 5.25

Property Owner Daniel L. Lindner Contractor Dave Majerus (Phone) 715-774-3866  
Herbster, WI Plumber \_\_\_\_\_

Telephone 608-234-2881 (Home) same (Work) \_\_\_\_\_  
Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
Written Authorization Attached: Yes  No

Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
Fair Market Value \$20,000 Square Footage 1570  
Sanitary: New  Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
Type of Septic/Sanitary System: Holding tank (newly installed)

- \* 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) Adding 2nd story
- Residential 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) Dan J. Lindner Date Oct. 21, 2008  
Address to send permit: 601 N. Meadow Lane, Madison, WI 53705

\* See Notice on Back  
APPLICANT - PLEASE COMPLETE REVERSE SIDE  
Copy of Tax Statement or  
Attach a Copy of Recorded Deed)

Permit Issued: \_\_\_\_\_ State Sanitary Number 07-415 Date 9-23-07  
Date 10/30/08 Permit Number 08-0605 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Structure sanitary conditions as requested by owner appears to be code compliant  
Permit duty be issued By DDC Date of Inspection 10-26-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
Signed [Signature] Inspector [Signature] Date of Approval 10-26-08  
07-0348  
Property Solved - All PLS NOTIFIED  
REC'd for Issuance

OCT 30 2008

Secretarial Staff

MAP OF SURVEY  
 THE N 1/2 OF THE SW 1/4 - NW 1/4 - SW 1/4  
 AND PART OF THE NW 1/4 - NW 1/4 - SW 1/4  
 OF SECTION 34, T. 51 N., R. 7 W.,  
 TOWN OF CLOVER, BAYFIELD COUNTY, WISCONSIN.

SURVEYOR'S CERTIFICATE

I, Timothy E. Orsina, registered land surveyor  
 in the State of Wisconsin, hereby certify:

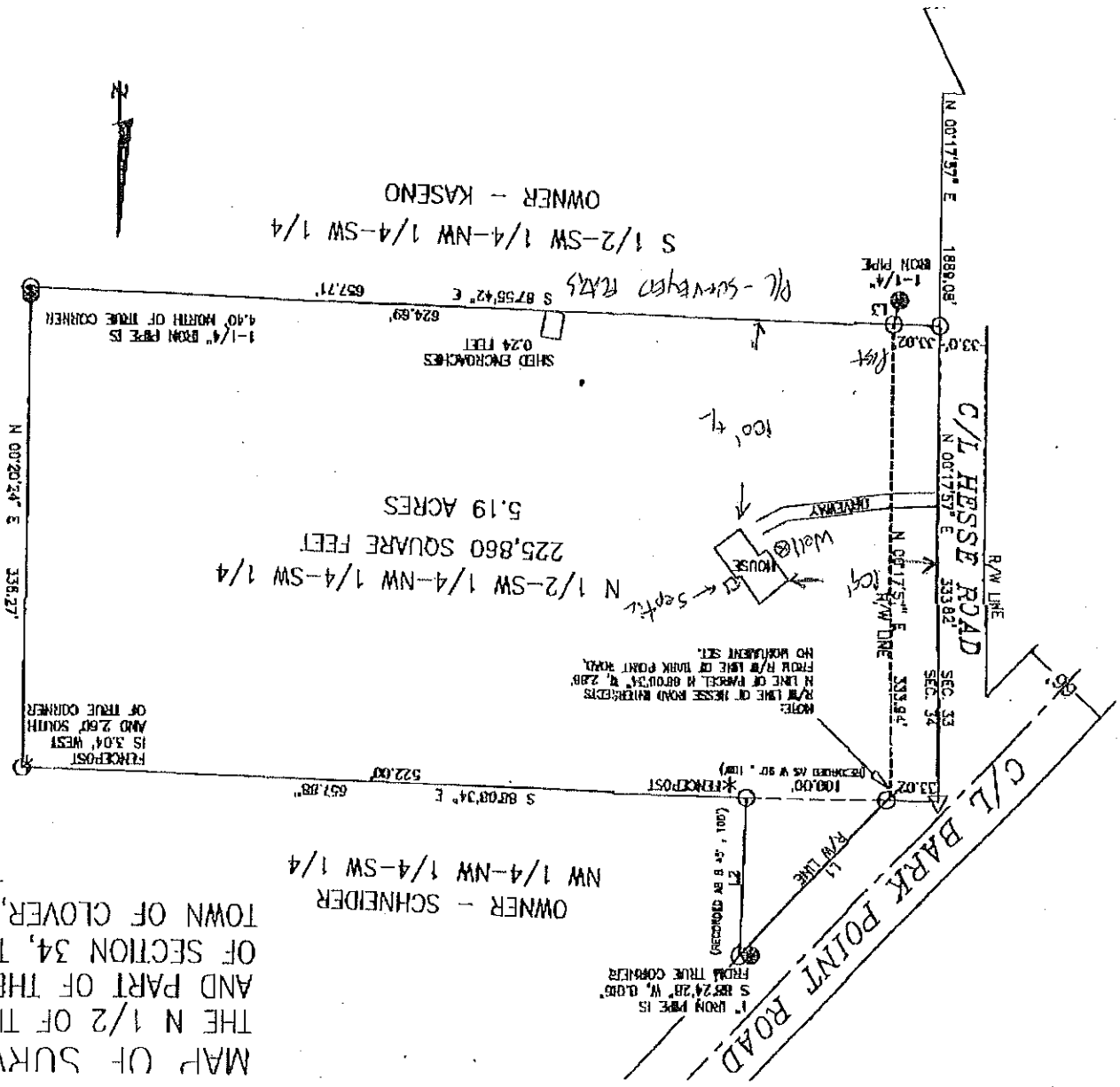
That, on the order of Alan Rabitz, owner, I have  
 made a survey of the N 1/2-SW 1/4-NW 1/4-SW 1/4  
 and part of the NW 1/4-NW 1/4-SW 1/4 of  
 Section 34, T. 51 N., R. 7 W., in the Town of Clover,  
 Bayfield County, Wisconsin.

That this map is a true representation of said survey;  
 that the survey and map are correct to the best of  
 my knowledge and belief.

Timothy E. Orsina  
 RLS - 1550



SE 1/4-NW 1/4-SW 1/4  
 OWNERS - NIMMI FTI



**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**  
 OCT 30 2008  
 Bayfield Co. Zoning Dept.

Application No.: 08-0607  
 Date: A-1/-  
 Zoning District: A-1/-  
 Amount Paid: \$75 10/31/08  
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  
 WEST HALF SW 1/4 of NW 1/4 of Section 2 Township 50 North, Range 7 West, Town of Clover  
 Gov't Lot      Lot      Block      Subdivision      CSM #      Acreage 20  
 Volume      Page      of Deeds      Parcel I.D. # 08-109-01-000 Use Tax Statement for Legal Description  
 Property Owner JEFFREY L. GOVI Contractor SELF (Phone) 715-774-3192  
 Address of Property 17305 STATE HWY 13 Plumber       
HERBSTER, WI. 54844 Authorized Agent      (Phone)       
 Telephone      (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 mg  
 Estimated Cost of Construction \$10,000 Square Footage 143 Sanitary: New      Existing  Privy      City 11/4/08  
 USE:  \* Residence or Principal Structure (# of bedrooms)       Mobile Home (manufactured date)       
 Residence sq. ft.       Commercial Principal Building       
 \* Residence w/deck-porch (# of bedrooms)       Commercial Principal Building Addition (explain)       
 Residence sq. ft.      Porch sq. ft.       Commercial Accessory Building (explain)       
 Deck sq. ft.      Deck(2) sq. ft.       Commercial Accessory Building Addition (explain)       
 \* Residential Addition / Alteration (explain) LIVING SPACE  Commercial Other (explain)       
 Residential Accessory Building (explain)       Special/Conditional Use (explain)       
 Residential Accessory Building Addition (explain)       External Improvements to Principal Building (explain)       
 Residential Other (explain)       External Improvements to Accessory Building (explain)     

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
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Owner or Authorized Agent (Signature) Jeffrey L. Govi Date OCT. 30, 2008  
 Address to send permit P.O. BOX 128 HERBSTER, WI. 54844 ATTACH Copy of Tax Statement  
 \* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

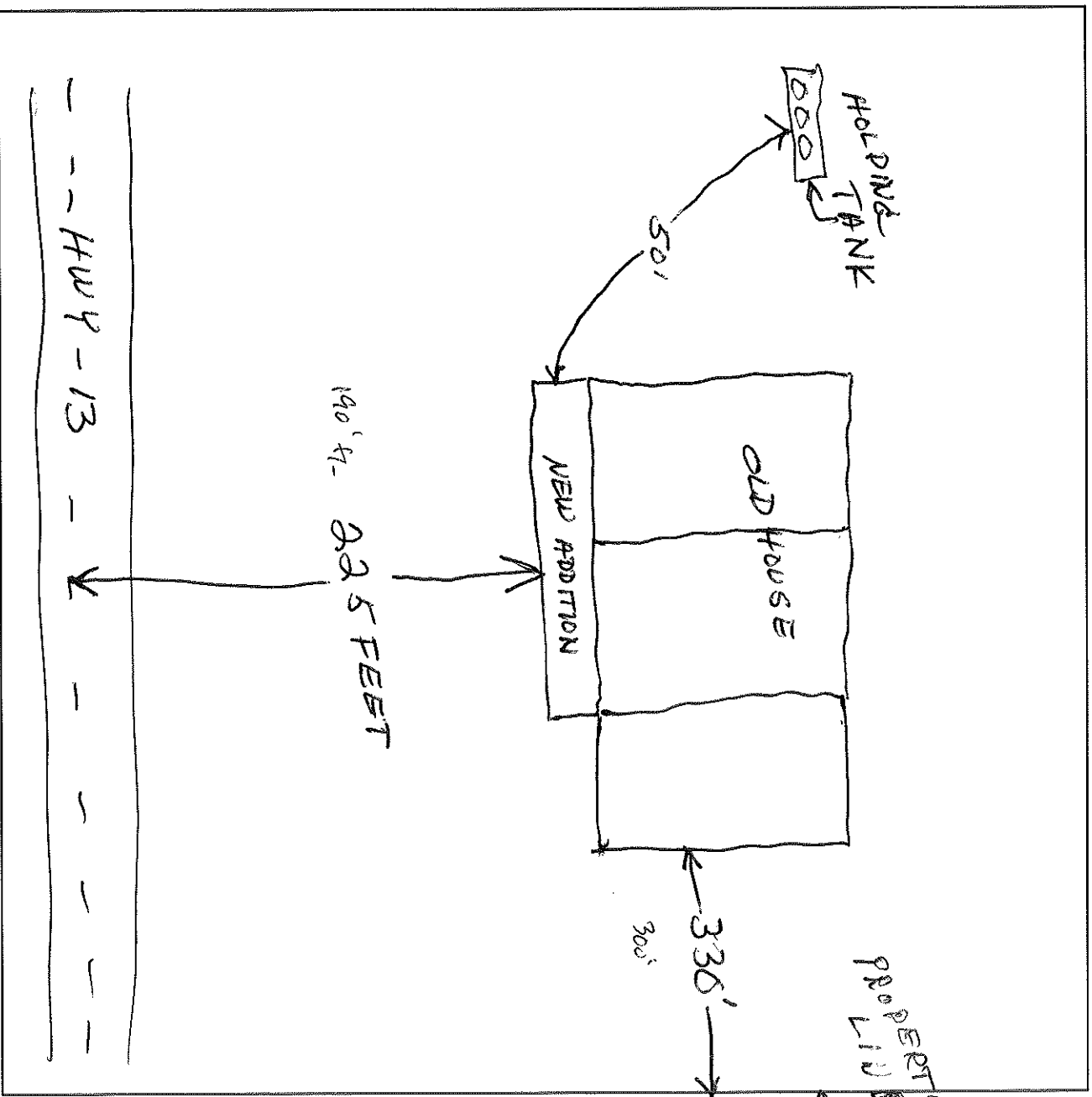
Permit Issued: State Sanitary Number 786380 Date 2006  
 Date 10/31/08 Permit Number 08-0607 Permit Denied (Date)       
 Reason for Denial:     

Inspection Record: STRUCTURAL STRENGTH/CONDITIONS AS REPRESENTED BY ANNET APPEARS TO BE OK COMPLIANT + PERMIT MAY BE ISSUED By DIC Date of Inspection 10-30-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) #       
 Condition:     

Signed mg Inspector      Date of Approval 10-30-08  
New study table  
05-680  
06-152  
 Rec'd for Issuance

660'

Lot Line



Name of Frontage Road (HWY 13)

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.