

SUBMIT COMPLETE ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 38
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

NOV 14 2008
 Bayfield Co. Zoning Dept.

ATF 75 2075
 Application No.: 08-0633
 Date: _____
 Zoning District: R-101-
 Amount Paid: \$150.00 PDS
11/17/08

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 _____ 1/4 of _____ 1/4 of Section 8 Township SD North, Range 7 West, Town of Clover
 Gov't Lot _____ Lot 6 Block _____ Subdivision Forest Builders #2nd Add Acreage .273

Volume _____ Page _____ of Deeds Parcel I.D. 014 118 10 000
 Property Owner Reginald Mallo Contractor _____ (Phone) _____

Address of Property 86395 Lawrence Rd Plumber _____
Hubster, WI 54844 Authorized Agent _____ (Phone) _____

Telephone 715-209-1919 (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 X Existing _____ Basement: Yes _____ No X Number of Stories 1
 Fair Market Value \$1,000.00 Square Footage 140 Sanitary: New _____ Existing _____ Privy _____ City X
 USE: _____ Type of Septic/Sanitary System Mobile

- * 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) Porch
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- 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) Reginald Mallo Date 11/14/08
 Address to send permit Po Box 4422 Bayfield WI 54814 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 _____ Date _____
 Date 11/26/08 Permit Number 08-0633 Permit Denied (Date) _____

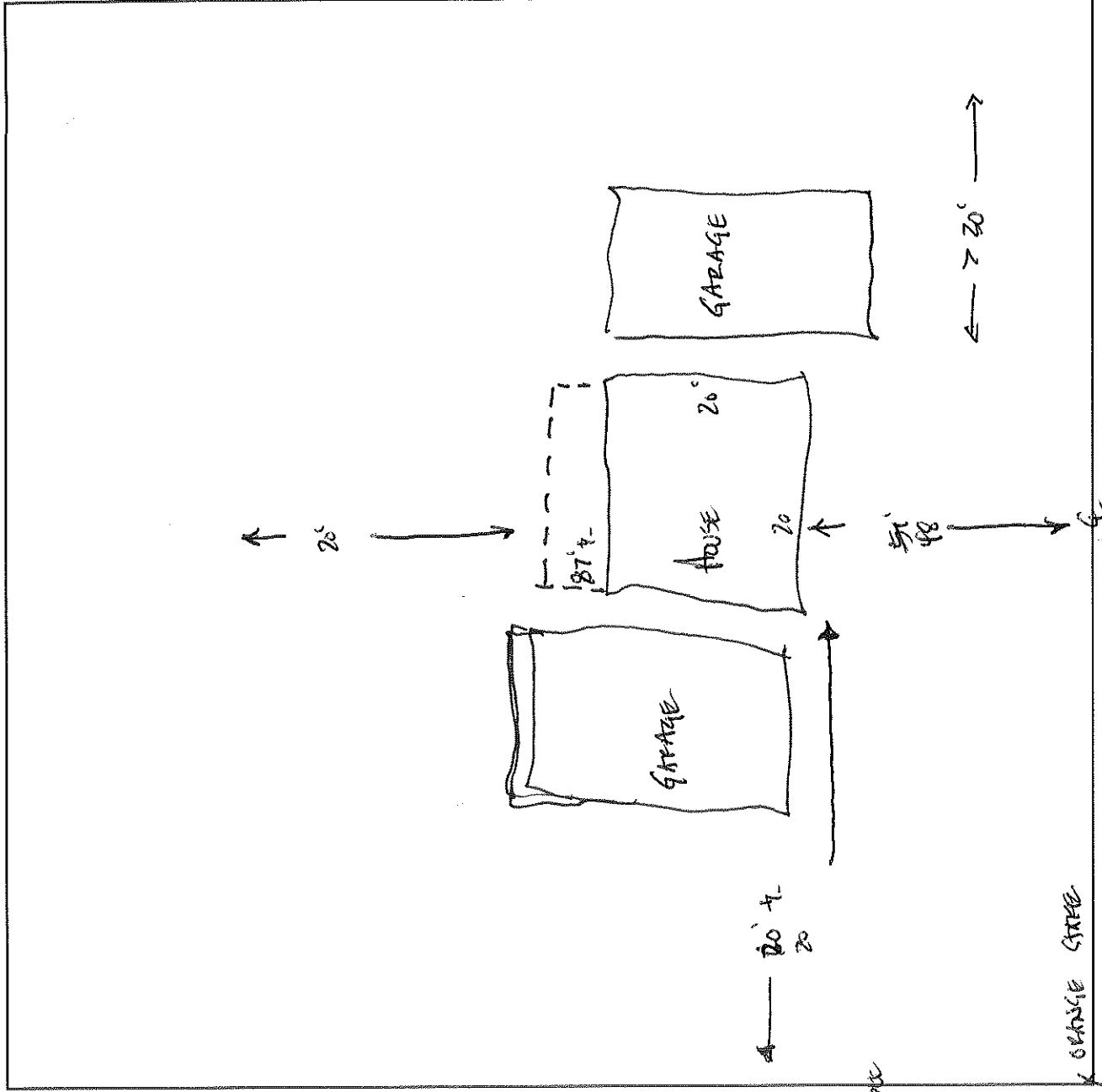
Reason for Denial: _____
 Inspection Record: Structure Satisfactory/conditions as requested by owner apparent to be code compliant & C.O. Return way the issue By DRC Date of Inspection 11-18-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed [Signature] Date of Approval 11-18-08
 Inspector _____
 Rec'd for Issuance

NOV 26 2008

Secretarial Staff

Lot Line



NOTE: A.T.C.

Name of Frontage Road (LENAWEE RD.)

QUEENY DISTRICT / VILLAGE OF WEBSTER

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