

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
 JAN 07 2009
 Bayfield Co. Zoning Dept

Application No: 10-0069
 Date: _____
 Zoning District A-V
 Amount Paid: \$175 Class A
1/13/10 \$125 Ref (A91)

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 T6x

Use Tax Statement for Legal Description

Legal Description: NE 1/4 of NW 1/4 of Section 30 Township 50 North, Range 7 West, Town of Clover
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-014-2-50-07-30-2 01-000-3000-2

Property Owner Elizabeth Joicks
 Address of Property 13295 Touve Rd
Washburn, WI 54844
 Telephone _____ (Home) 715 209 0653 (Work) 715 215 340

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Fair Market Value 10,000 Square Footage 336
 USE: * Residence or Principal Structure (# of bedrooms) 0
 Residence sq. ft. 336
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____

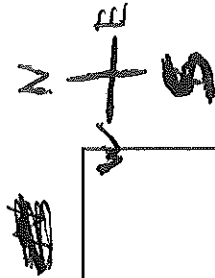
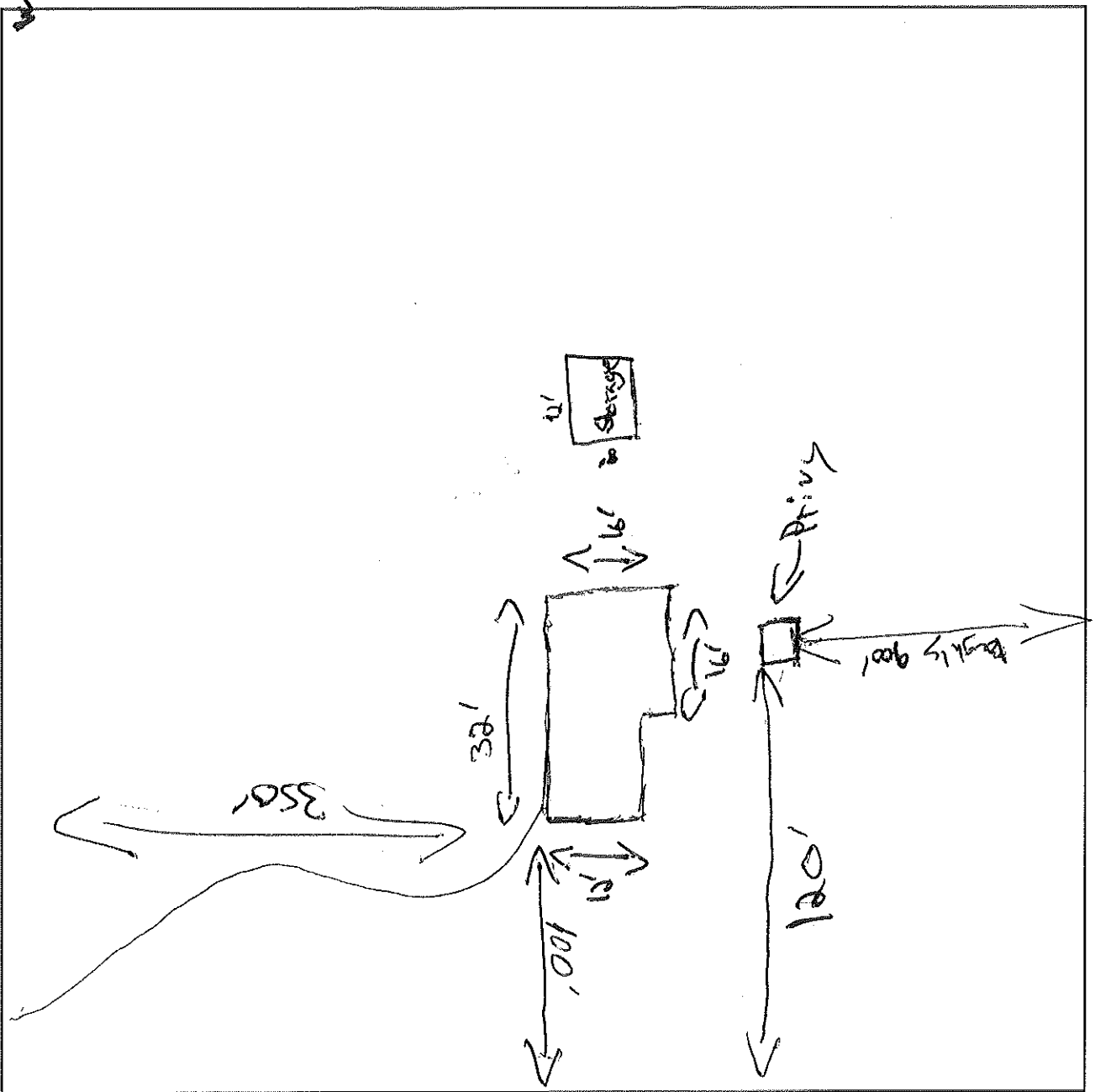
Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare 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) Elizabeth Joicks Date 12-21-09
 Address to send permit P.O. BOX 101 WRESTON, WI 54844
 * 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 07-698 Date 11-26-07
 Date 1/20/10 Permit Number 10/0009 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURE SEPTIC/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & L.U. PERMIT MAY BE ISSUED w/ CONDITIONS. Date of Inspection 1-7-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: i) NO RUNNING WATER - NOT PLUMBING FIXTURES MAY EXIST - STRUCTURE UNLESS IT IS FIRST SEWERED BY A SATFAB & APPROVED WASTEWATER TREATMENT SYSTEM.
 Signed [Signature] Inspector _____ Date of Approval 1-7-10

TBA PENDING
 NO A.T.F. SWEDEN NOT BEING USED BUT WILL BE USED FOR HUMANS HABITATIONS



Name of Frontage Road (TOUVE)

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