

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

MAR 29 2010

Application No.: 10-0068
 Date: _____
 Zoning District: A-1/-
 Amount Paid: \$125 Not Entered
\$125 ATF Or
 Received

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 32
 Legal Description S 1/2 N 1/4 SW 1/4 NW 1/4 of Section 30 Township 50 North, Range 7 West, Town of clover
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 6.8
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-014-2-50-07-32-2-03-000-20000

Property Owner Jody M. & Pamela L. Richardson Contractor DWNER (Phone) 715-358-2932
 Address of Property 6368D Touve Rd Plumber n/a
Herbster WI 54844 Authorized Agent _____ (Phone) _____

Telephone 715-358-2932 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing
 Fair Market Value \$8,000.00 Square Footage 640'
Subsidiary Bldg.
 USE: * Residence or Principal Structure (# of bedrooms) 0 600 ft²
 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) _____
 Residential Accessory Building Addition (explain) Access to # Closing walkway
 Residential Other (explain) Plumbing for structure
 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.

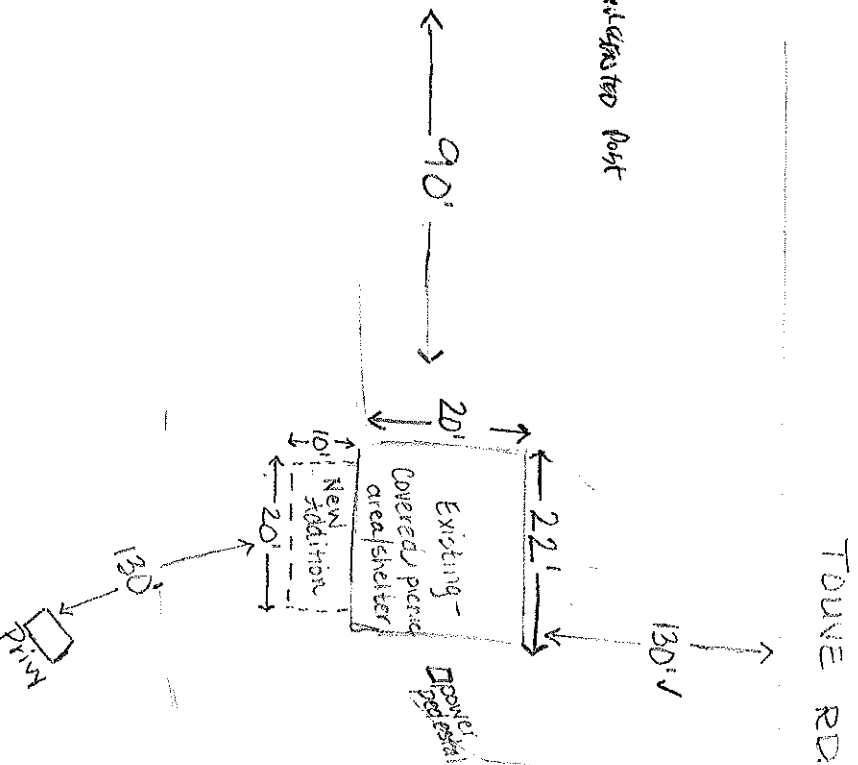
Owner or Authorized Agent (Signature) Jody M. Richardson Date 3/25/10
 Address to send permit 1482 S. Bay Rd. Arbor Vitae WI 54568 ATTACH

* See Notice on Back
 Copy of Tax Statement or (if you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT --- PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Date 4-12-10 Permit Number 10-0068 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure Setback Conditions as delineated by order appears to be ODE
Comment: E.D. Review may be By DEC Date of Inspection 4-1-10
5000 sq ft of structure
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Structure may not be used for storage structure or for building stake unless all applicable code, zoning, & sanitary codes are met.
 Signed [Signature] Inspector _____ Date of Approval 4-1-10

Lot Line



*Permit to close in walls on existing covered area and lean-to on front for storage.

Name of Frontage Road (Touve Rd.)

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.