

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

NOV 20 2009

ATF

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.

Application No.: 10-0173
 Date: _____
 Zoning District E-PB / Class 3
 Amount Paid: \$175 Special
\$175 ATF 01/07/2010

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

Legal Description NE 1/4 of SE 1/4 of Section 29 Township 50 North, Range R7 West, Town of COVER

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # 20000 Acreage _____

Volume _____ Page _____ of Deeds _____ Parcel I.D. # 04-04-2-50-07-28-4 01-000 Use Tax Statement for Legal Description _____

Property Owner ED WARCZYK Contractor _____ (Phone) _____

Address of Property 8350 MARQUISA RD Plumber _____

BRUNER, DA 5-0866 Authorized Agent Kurt Kuehne (Phone) 715-292-0628

Telephone 830 379 7949 (Home) 830-379-7949 (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 _____

Estimated Cost of Construction _____ Square Footage _____ Sanitary: New _____ Existing _____ Privy _____ City _____

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) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- 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) SPARK PELLET
- 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) Edward Walszak Date 11/10/2009

Address to send permit 69 Guadalupe River Drive, Seguin, TX 78155 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 _____ Date _____

Date 6/8/10 Permit Number 10-0173 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: ATF BEST MANAGEMENT PRACTICES HAVE BEEN IMPLEMENTED, DISTURBANCES > 100FT² - 100FT² - DISBURSED

RESTORATION PLAN REQUIRED BY 2-24-00 By DOC Date of Inspection 11-2-09

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

Condition: SEE ADDS BEHIND RECOMMENDATION(S) - ALL CONDITIONS OF THE RESTORATION PLAN PROVIDED BY THE BAYFIELD COUNTY AND A WATER QUALITY ASSESSMENT REPORTING DATED MAY 28, 2010.

Signed [Signature] Inspector 10-50-09 Date of Approval _____

Rec'd for Issuance

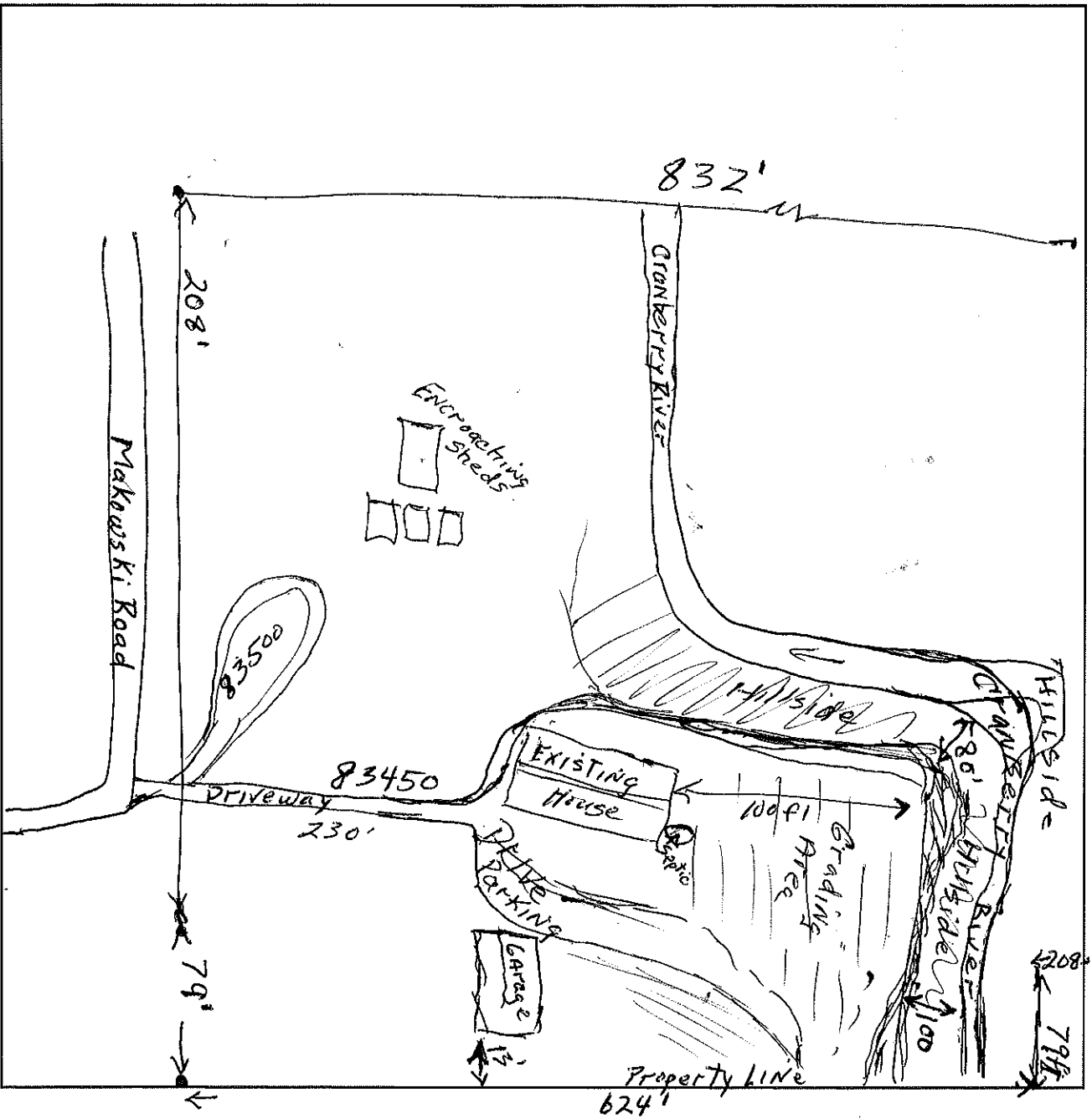
JUN 8, 2010

Secretarial Staff

ATF

E

Lot Line



N.

S

Name of Frontage Road (Makowski 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 - (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.