

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 27 2010

Application No: 10-0448
 Date: _____
 Zoning District F-1-
 Amount Paid: \$150.00 RAS
ACT 75.00 10/29/10
LU 75.00

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 34 Township S18E North, Range 07 West, Town of Chover

Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 11.17

Volume 1042 Page 324 of Deeds 133 Parcel I.D. 04-014-2-51-07-34-2 05-002-09060

Property Owner EDWARDS A. & NANCY L. TICKNER Contractor SELF (Phone) _____

Address of Property 16430 BARK BAY ROAD Plumber _____ (Phone) _____

MAPLE WY 5600 Authorized Agent _____ (Phone) _____

Telephone 623 378 2991 (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 K Existing _____ No. K Number of Stories 2

Fair Market Value \$5,000 Square Footage 304 FT² Sanitary: New _____ Existing K Privy _____ City _____

USE: _____ Type of Septic/Sanitary System COMPOSTING

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* 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) ADD A DORMER

Residential Accessory Building (explain) 4 CHANGE WINDOWS + DECK

Residential Accessory Building Addition (explain) _____

Residential Other (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) [Signature] Date 10/22/10

Address to send permit 1020 26th Ave. S.E. MINNEAPOLIS MN 55414 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 10/29/10 Permit Number 10-0448 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: NO EXAMINATION OF FOOTPRINT, AREA - THE - FEE, ONLY - GREAT AT INSPECTION

PERMIT MAY BE ISSUED. By DDC Date of Inspection 10-20-10

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

Condition: _____

Signed [Signature] Inspector _____

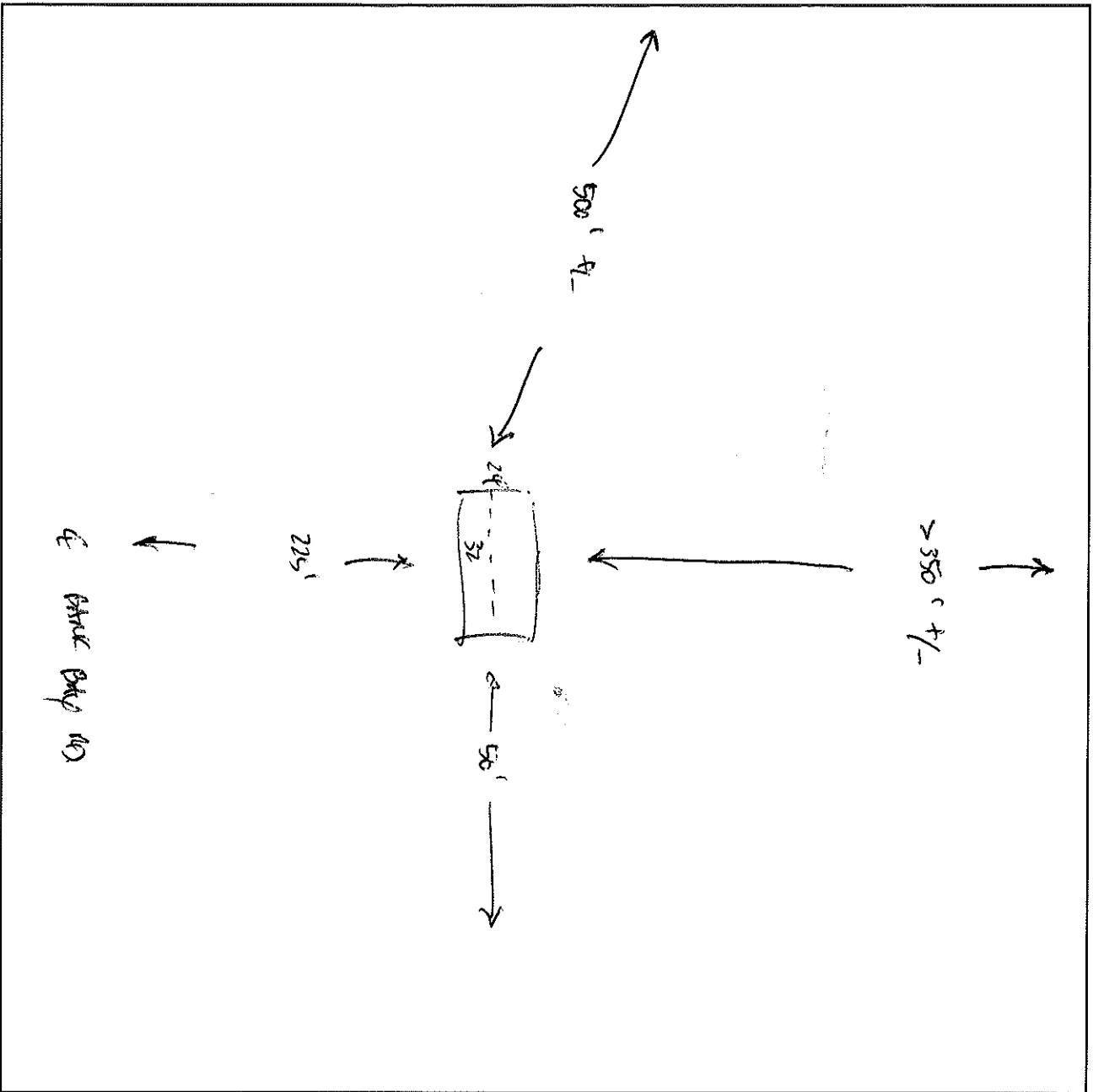
Date of Approval 10-26-10

Rec'd for Issuance _____

NOV 29 2010

Secretarial Staff

Lot Line



Name of Frontage Road (_____)

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.