

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
 JUN 23 2011

Bayfield Co. Zoning Dept.

Application No. 11-0239
 Date: 8-1-11
 Zoning District: R94
 Amount Paid: \$7500.00
6/27/11

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 Other

Use Tax Statement for Legal Description
 N^{1/2} NW ^{1/4} SE 1/4 of NE 1/4 of Section 2 Township 50 North, Range 7 West, Town of Clover
 Legal Description

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 0.17
 Volume 789 Page 898 of Deeds Parcel I.D. 04-014-2-50-67-03-1 of 000-0200

Property Owner AKS VIEBROCK Contractor Self (Phone) _____
 Address of Property 36735 DENMARK RD. Plumber _____
ATBETA ON GRAP Authorized Agent _____ (Phone) _____
 Telephone 715-755-3467 (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 _____ Existing _____
 Basement: Yes _____ No Number of Stories 1
 Fair Market Value \$1,500 Square Footage 2x12 - 208 Sanitary: New _____ Existing _____ Privy _____ City K
 USE: _____ Type of Septic/Sanitary System AUSTICIA

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____
 Porch sq. ft. _____
 Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____
 Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Commercial Principal Building Addition (explain) _____
 Commercial Principal Building (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Residential Accessory Building (explain) Several houses
 Commercial Accessory Building Addition (explain) _____
 Residential Accessory Building Addition (explain) _____
 Commercial Other (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) Alan Viebrock Date 6-22-11
 Address to send permit 3382 40TH AVE OSCEOLA WI 54020 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 NA Date _____
 Date 8-1-11 Permit Number 11-0239 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Sanitary Gravel/Abandon's to terminate by order. Works to be done pursuant to plans will be done By DL Date of Inspection 6-23-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

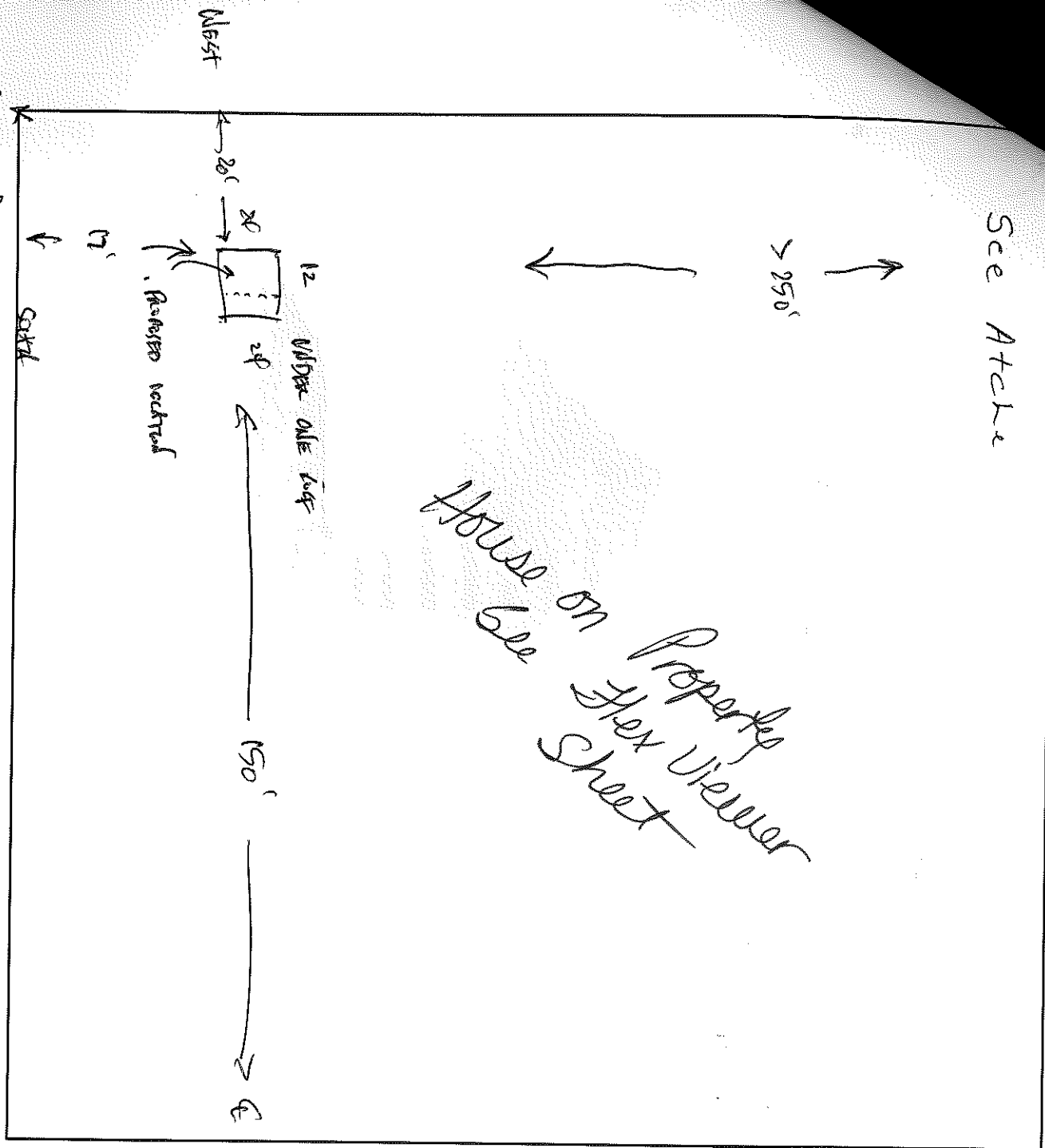
Rec'd for Issuance 6-23-11
 JUN -28 2011
 AUG 1 2011
 Signed: _____ Inspector
 Date of Approval _____

Secretary Sanitary
 Suburb and Both on the left of the road



See Attkr

House on Property
See Alex Viewer
Sheet



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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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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.