

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
 AUG 10 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0307
 Date: 8/11/11
 Zoning District: A-1
 Amount Paid: \$125.00
8/11/11

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 _____
 Use Tax Statement for Legal Description
 Legal Description SE 1/4 of NE 1/4 of Section 26 Township 50 North, Range 7 West, Town of Clover
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.0
 Volume 997 Page 826 of Deeds Parcel I.D. 0401425007264010004000
 Property Owner Gerald A. Jaeger Contractor Gar (Phone) _____
 Address of Property 83395 Suedlund Rd Plumber _____ (Phone) _____
Clover WI Authorized Agent _____ (Phone) _____
 Telephone 920-217-6916 (Home) _____ (Work) _____
 Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If Yes, _____
 Structure: New Addition _____ Existing _____
 Fair Market Value \$15,000 Square Footage 768
(24x32)
 USE: Residence or Principal Structure (# of bedrooms) Garage
 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) _____
 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 to determine 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) Gerald Jaeger Date 8/10/11
 Address to send permit P.O. Box 171 Abrams WI 54101 ATTACH _____

* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 (If you recently purchased the property Attach a Copy of Recorded Deed)

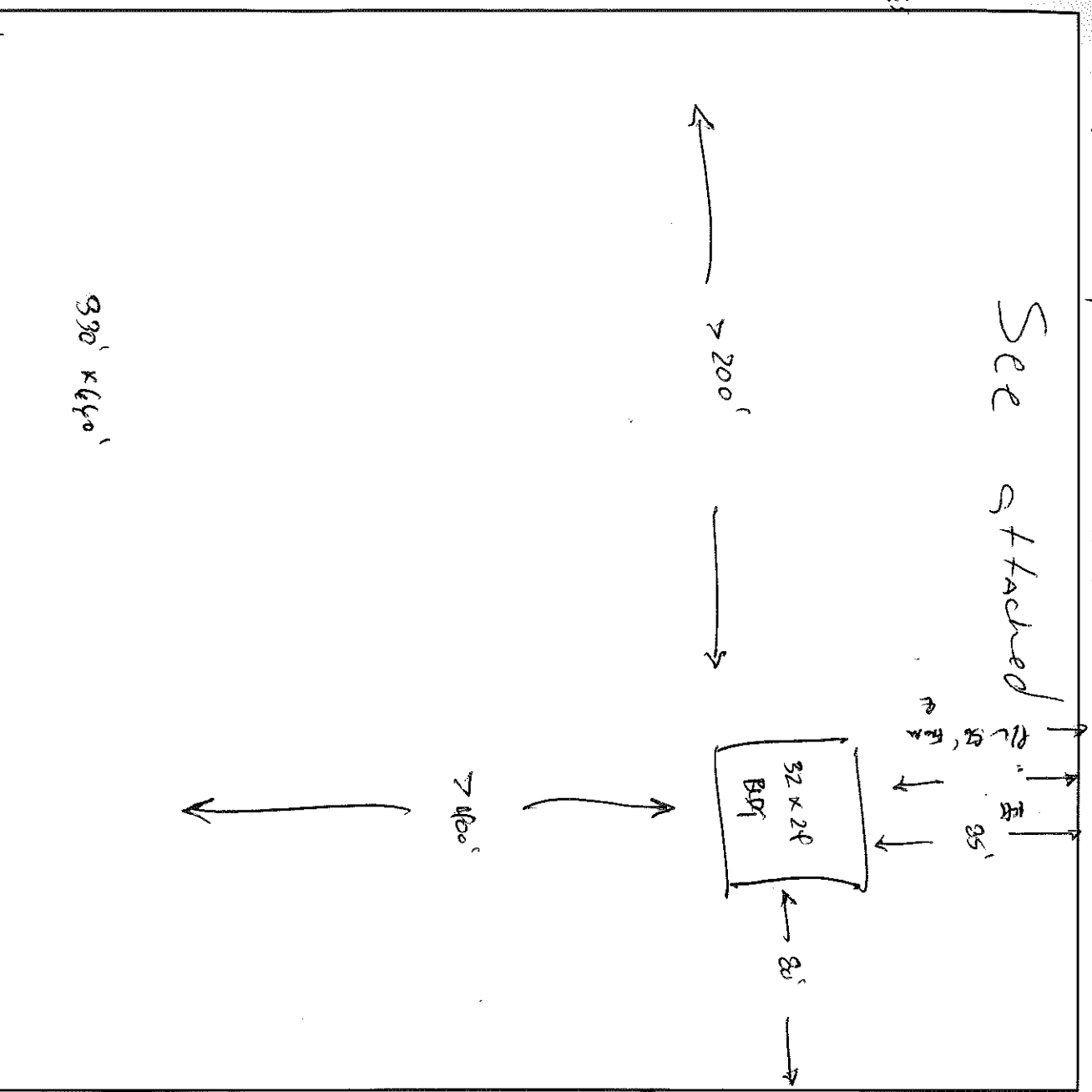
Permit Issued: _____ State Sanitary Number _____ Date _____
 Permit Number 11-0307 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure setbacks/addition as requested by applicant appears to be code compliant
old permit why re issued By DK Date of Inspection _____
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Structure may not be used for hunting as intended as circuit breaker unless
ARC protection removed, chimney & railing removed are not
any site was returned to record for issuance
 Signed [Signature] Date of Approval 8-25-11
 Inspector _____
 SEP 1 2011
 Secretarial Staff

RLC's VIA SURVEYOR DOCUMENT
330

RLC - VIA SURVEY ROAD

Lot Line

See attached



54
25
14'

Name of Frontage Road (Svedlund)

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.