

**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**

**REGULATIVE**  
 FEB 21 2008

**ENTERED**  
 Application No.: 08-0090  
 Date: F-1/CLASS 2  
 Zoning District: F-1/CLASS 2  
 Amount Paid: 120.00 PDS  
2/21/08

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.  
 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  
 Legal Description: North Pt of Govt Lot #1 1/4 of Section 34 Township 46 North, Range 7 West, Town of Delta  
 Gov't Lot 1 Lot 1 Block 1 Subdivision 12 CSM # 12 Acreage 12  
 Volume 102 Page 350 of Deeds Parcel I.D. # 016-1067-06 Use Tax Statement for Legal Description  
 Property Owner Michael Biglow Trustee of KROGER TR Contractor DAE (Phone) 763-3110  
 Address of Property 68775 KENNICK RD. Plumber  
 Authorized Agent MISD WI (Phone) \_\_\_\_\_  
 Telephone 62-391-9221 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Written Authorization Attached: Yes  No

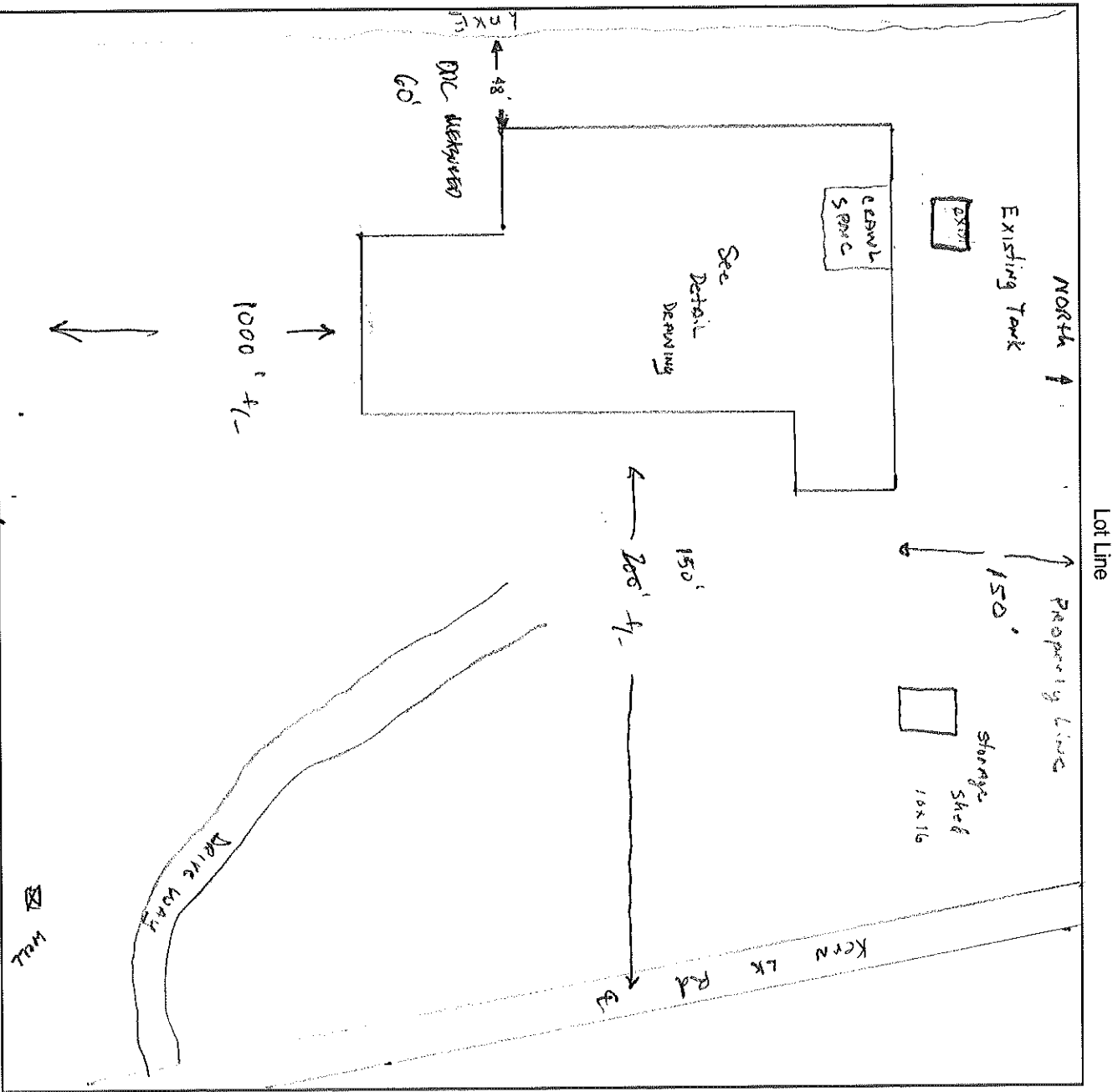
Is your structure in a Shoreland Zone? Yes  No  If yes, Distance from Shoreline: greater than 75'  75' to 40'  less than 40'   
 Structure: New 4000 Addition 1 Existing X No 0 Existing X No 0 Existing 0  
 Estimated Cost of Construction 4000 Square Footage 1200 Sanitary: New X Existing 0 Privy 0 City 0

**USE:**  
 \* Residence or Principal Structure (# of bedrooms) 1  
 Residence sq. ft. 1200  
 \* 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) Roof LINE CHANGE  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT AT 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 2-17-08  
 Address to send permit 20405 S. Sween DR. Grandview WI ATTACH 59839 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 08-175 Date 3/3/08  
 Date 4-23-08 Permit Number 08-0090 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: EXISTING NON-CONFORMING STRUCTURE. PARTIALLY RELATIVELY FLAT ROOF w/ PITCHED ROOF  
NO ADDITIONAL PROVIDED DRAINAGE GRAB  
PERMIT MAY BE ISSUED PROVIDED BY DCC DATE OF INSPECTION 2-22-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # None  
 Condition: THE TERMS AND CONDITIONS OF THE MITIGATION AND SOAKWATER PLANS ARE TO BE ACKNOWLEDGED  
AND ARE A CONDITION OF THIS PERMIT AND ARE BINDING UPON THE OCCUPANT AND ALL FUTURE  
PROPERTY OWNERS  
 Signed [Signature] Inspector [Signature] Date of Approval 2-22-08  
 APR 0 1 2008



SEE ATTACHED PACE MAP / AIRVIEWER PHOTO COPY  
 Name of Frontage Road ( Kern Lake 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.