

COMPLETED ORIGINAL
 ZONING TAX STATEMENT
 TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Application No.: 08-0237
 Date: _____
 Zoning District: F-1(B)
 Amount Paid: 75 6/16/08
m

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
 Legal Description NE 1/4 of NW 1/4 of Section 4 Township 22T29 North, Range 8 West, Town of Data
 Gov't Lot _____ of _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
 Volume _____ Page _____ of Deeds _____ Parcel I.D. # 64-016-2-46-03-04-1-01-000-40000 (016104507004) Use Tax Statement for Legal Description
 Property Owner Jarvaine B. Downing Contractor Holscher Builders Inc (Phone) (218) 428-5723
 Address of Property 6375V Maska Lake Rd Plumber _____

504 T46W R08W PAK E1/4 NE NW 1/4 U.S. 511 P. 105 736A Authorized Agent _____ (Phone) _____
 Telephone 608-781-2808 (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 2x3 Basement: Yes _____ No Number of Stories 1
 Estimated Cost of Construction 17,500 Square Footage 964 Sanitary: New _____ Existing Privy _____ City _____

- USE:
- * Residence or Principal Structure (# of bedrooms) _____
 - Residence sq. ft. _____
 - * Residence w/deck-porch (# of bedrooms) _____
 - Porch sq. ft. _____
 - Deck sq. ft. _____
 - * Residence w/attached garage (# of bedrooms) _____
 - Garage sq. ft. _____
 - Residential Addition / Alteration (explain) _____
 - Residential Accessory Building (explain) Storage
 - 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 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.

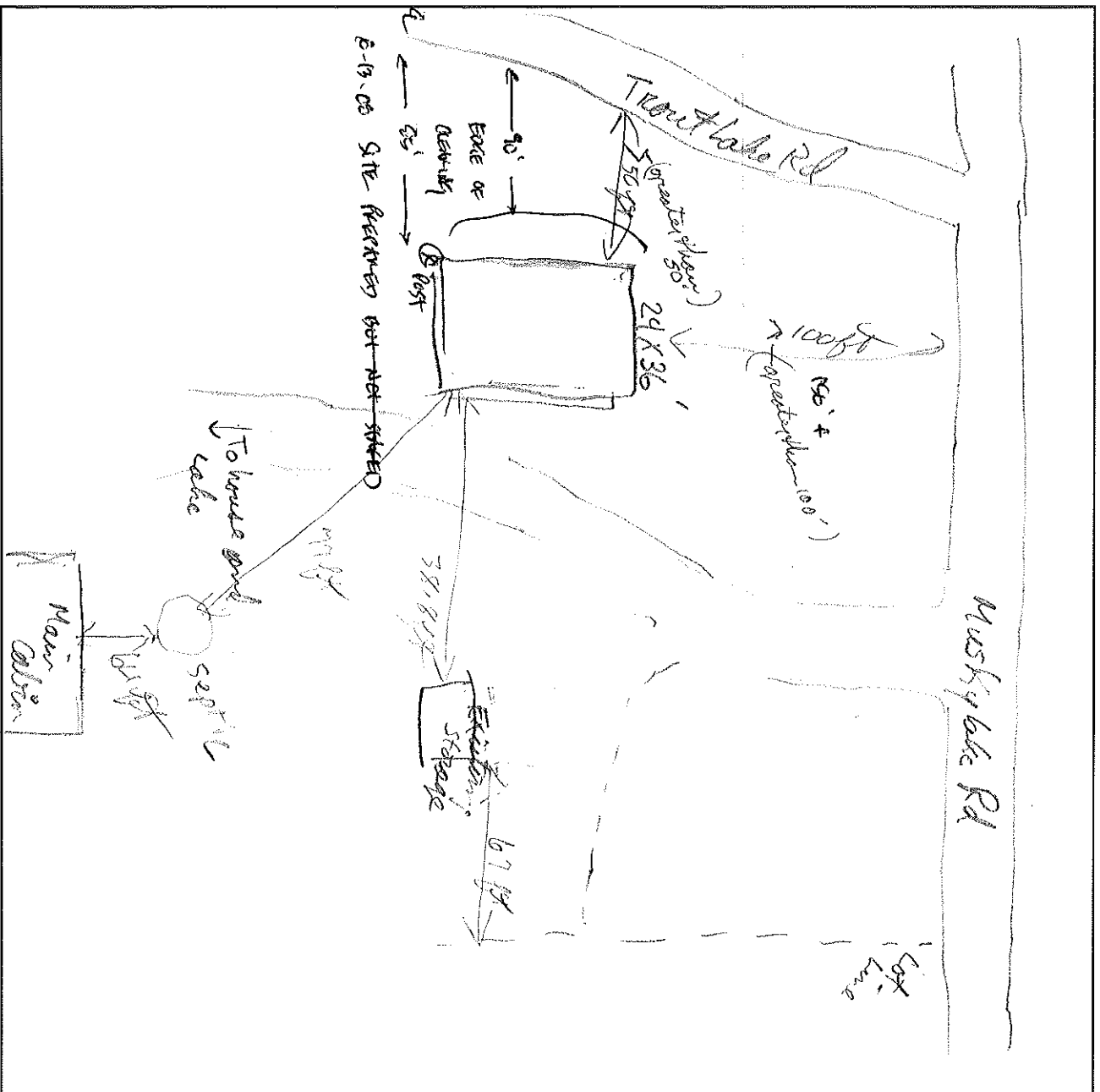
Owner or Authorized Agent (Signature) Jarvaine B. Downing Date _____
 Address to send permit 90 Holscher Builders Inc. P.O. Box 622 Iron Falls ATTACH
 Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Date 6/16/08 Permit Number 08-0237 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure satisfies conditions as represented. Appears to be code compliant. No permit may be issued.
 By DOC Date of Inspection 6-13-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Structure must be at least 50' from the centerline of Trout Lake Road.
 Signed [Signature] Inspector _____
Jarvaine Downing Date of Application 6-13-08
It is a town rd JUN 16 2008

Secretarial Staff



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 - (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.

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**

Application No: 08-0243
 Date: _____
 Zoning District F-1/S
 Amount Paid: \$75 6/17/08
719

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
 Legal Description N02 1/4 of SE 1/4 of Section 504 Township 46 North, Range 8 West, Town of DELTA
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20
 Volume 923 Page 331 of Deeds Parcel I.D. # 016109080000 Use Tax Statement for Legal Description
 Property Owner ROBERT R. MILLER Contractor SECR (Phone) _____
 Address of Property 63355 TRAIL CREEK RD. Plumber _____

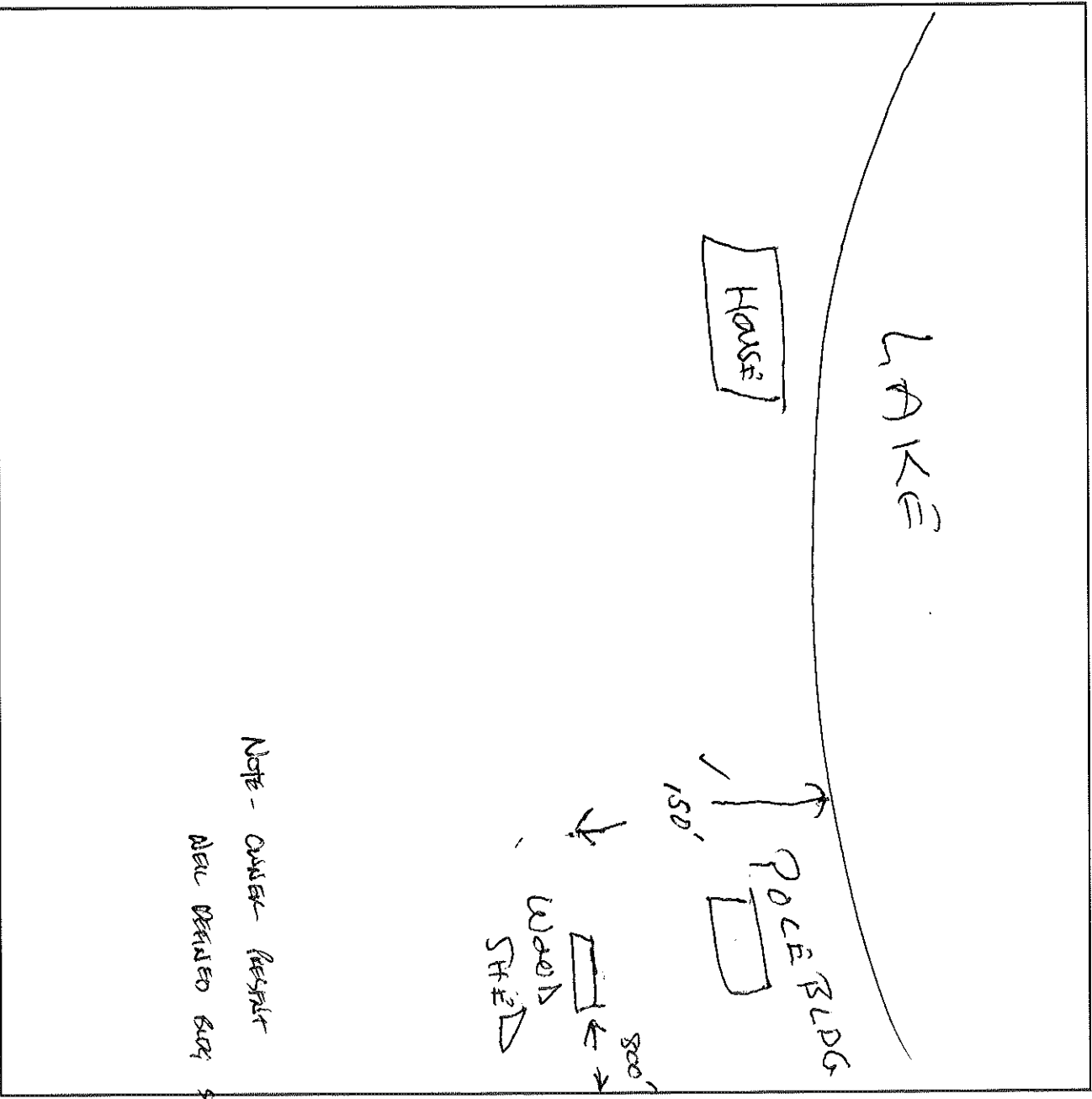
Telephone 715-573-4622 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: greater than 75' 75 to 40' less than 40'
 Structure: New Addition _____ Existing _____ Basement: Yes _____ No _____ Number of Stories _____
 Estimated Cost of Construction 500⁰⁰ Square Footage 288 Sanitary: New _____ Existing Privy _____ City _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____ Mobile Home (manufactured date) _____
 * 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) WOOD SHED
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

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 Owner or Authorized Agent (Signature) Robert R Miller Date 6-10-08

Address to send permit 63355 TRAIL CREEK RD - IRON RIVER WI 54847 ATTACH _____
 * See Notice on Back Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: State Sanitary Number 167201 Date 2005
 Date 6/17/08 Permit Number 08-0243 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: SPECIFIC STEPS/CONDITIONS RE FURNISHED BY OWNER APPEALS TO BE COE CHARACTER PERMIT MAY BE ISSUED. By DDC Date of Inspection 6-13-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector
 Date of Approval 6-13-08
 Rec'd for Issuance

Lot Line



Note - OWNER RESALT
ALL DESIGN BY SITE

Name of Frontage Road (_____)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
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 - k. Drain field to closest lot line
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