

ENTERED

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
JUN 20 2008
Bayfield Co. Zoning Dept.

Application No. 08-0317
Date: F-1
Zoning District R-1B/3
Amount Paid: \$75.00 CDS
6/20/08

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 SW 1/4 of Section 13 Township 46 North, Range 08 West, Town of DELTA
Gov't Lot Lot Block Subdivision CSM # Acreage 10.61
Volume 739 Page 729 of Deeds Parcel I.D. # 016-1099-04-994 Use Tax Statement for Legal Description

Property Owner Dan Kaggel Contractor SELF (Phone)
Address of Property 6149S W. DELTA ROAD Plumber NOVA
Authorized Agent (Phone)

Telephone 715-878-4979 (Home) 715-835-5119 (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 90% 5400 Existing Basement: Yes No Number of Stories 1
Estimated Cost of Construction 15000 Square Footage 312 Sanitary: New Existing Privy City

- USE:
- * Residence or Principal Structure (# of bedrooms)
 - 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) 12' to 22.50' DOOR STEP
 - Residential Other (explain)

FAILURE TO OBTAIN A PERMIT OF 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) Dan Kaggel Date 6-20-08
Address to send permit 2085 Hillview Rd Eau Claire, WI 57101 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 387576 Date 2008
Date 7-11-08 Permit Number 08-0317 Permit Denied (Date)
Reason for Denial:
Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEALS TO BE CODE COMPLIANT & PERMIT MAY BY DDC Date of Inspection 7-10-08
BE ISSUED Variance (B.O.A.) #
Mitigation Plan Required: Yes No
Condition:
Mandatory Verification Signed [Signature] Inspector
Date of Approval 7-10-08
Rec'd for Issuance

ENTERED

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Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

REGULATIVE JUN 20 2008 Bayfield Co. Zoning Dept.

Application No.: 08-0318 Date: Ft Zoning District: R-13/3 Amount Paid: \$75.00 EOS Calzolos

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 [X] SANITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [] B.O.A. [] OTHER [] Legal Description NE 1/4 of SW 1/4 of Section 13 Township 46 North, Range 08 West Town of Delta Gov't Lot [] Lot [] Block [] Subdivision [] CSM # [] Acreage 10.61 Volume 785 Page 229 of Deeds Parcel I.D. # 016-1088-04-994 Use Tax Statement for Legal Description

Property Owner DAN KNAPP Contractor SELF (Phone) [] Plumber NONE Authorized Agent [] (Phone) [] Written Authorization Attached: Yes [] No []

Telephone 715-873-4979 (Home) 715-825-5119 (Work) Is your structure in a Shoreland Zone? Yes [X] No [] If yes, Structure: New GARAGE Addition Existing Estimated Cost of Construction \$9,000 Square Footage 884 Sanitary: New Existing [X] Privy [] City []

- [] * Residence or Principal Structure (# of bedrooms) [] Residence sq. ft. [] Deck sq. ft. [] * Residence w/deck-porch (# of bedrooms) [] Porch sq. ft. [] Deck(2) sq. ft. [] * Residence w/attached garage (# of bedrooms) [] Garage sq. ft. [] * Residential Addition / Alteration (explain) ATTACHED GARAGE [] * Residential Accessory Building (explain) 26x34 GARAGE [] * 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) Dan Knapp Date 6-20-08

Address to send permit 2089 Hillview Road Eau Claire, WI 54601 ATTACH Copy of Tax Statement if you previously purchased the property Attach a Copy of Recorded Deed

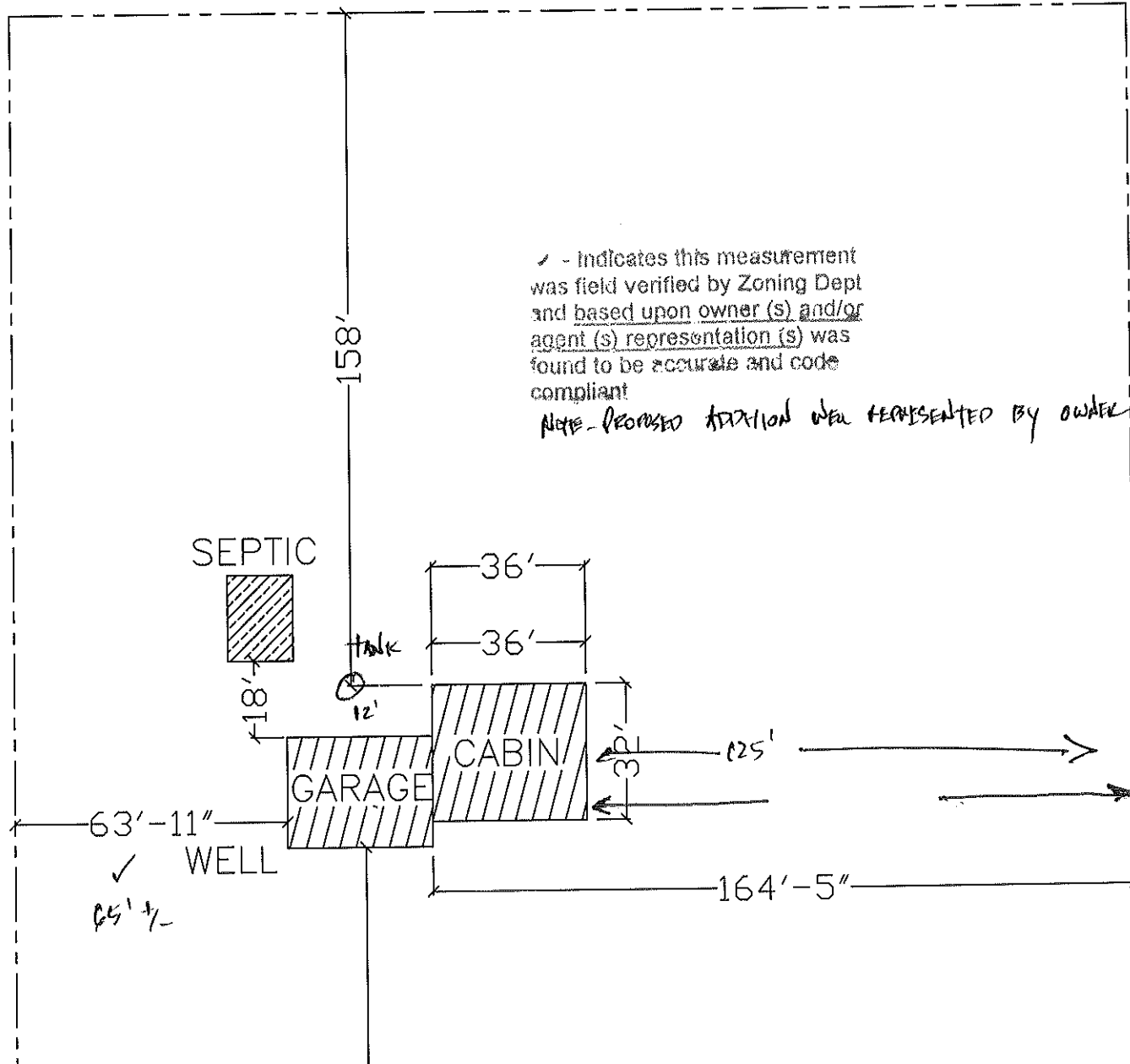
* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Permit Issued: 7-11-08 State Sanitary Number 767528 Date 2000 Permit Number 08-0318 Permit Denied (Date) []

Reason for Denial: Inspection Record Structural Setbacks/Conditions AS PERMITTED BY OTHER PERMITS TO BE CODE COMPLIANT & U. PERMIT MAY BE ISSUED. CON POINTS PERMITTED BY DC Date of Inspection 7-10-08

Mitigation Plan Required: Yes [] No [X] Variance (B.O.A.) # [] Condition: []

Signed [Signature] Inspector [Signature] Date of Approval 7-10-08

DELTA ROAD



SWOOD LAKE