

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
 JUL 08 2008

APPROVED

Application No.: 08-0359
 Date: _____
 Zoning District: A-1/3
 Amount Paid: RD CARSA
\$ 25.00 7/7/08
ML

INSTRUCTIONS: No permits will be issued until all fees are paid to the County 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.

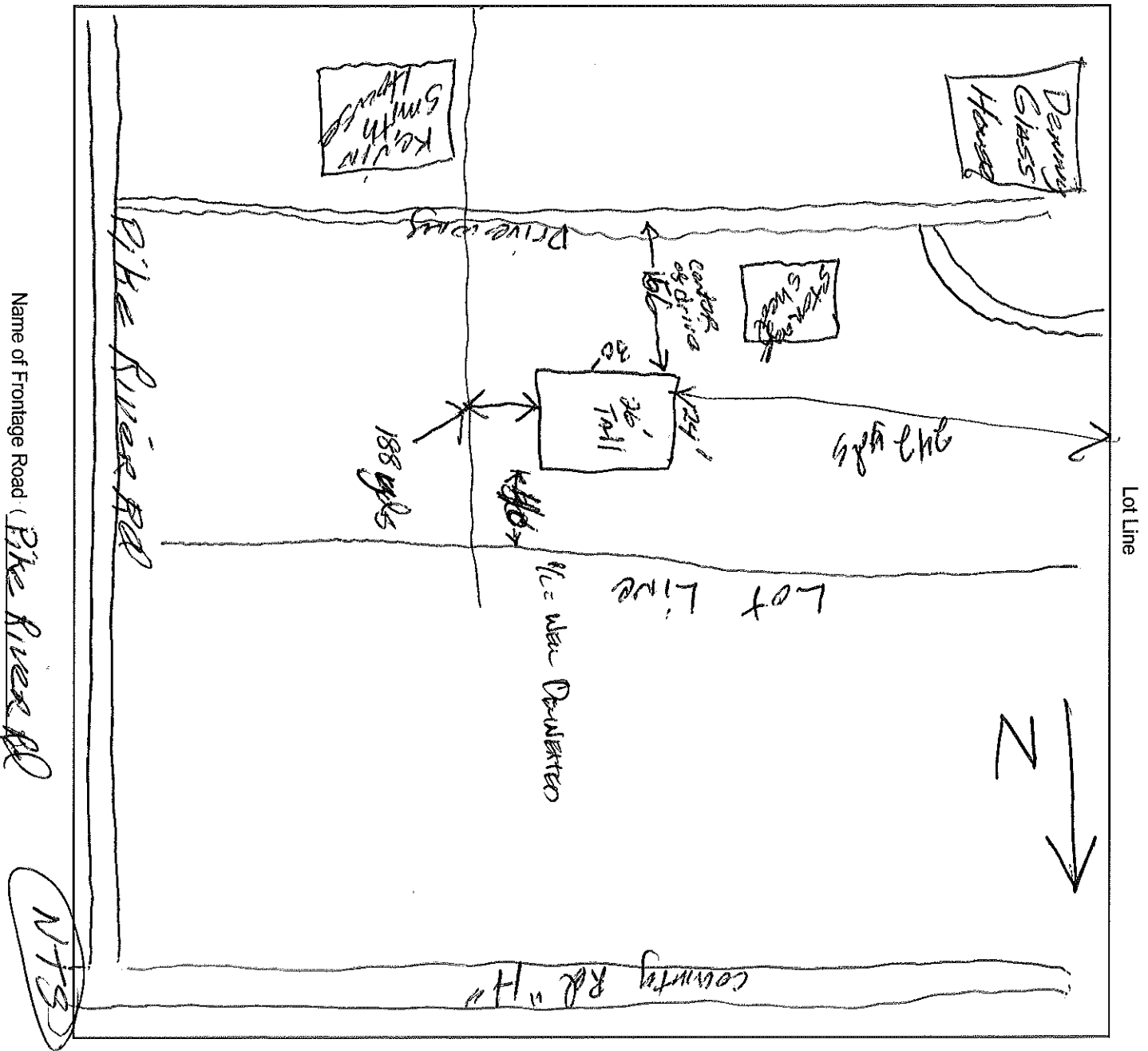
LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Legal Description NW 1/4 of SE 1/4 of Section 16 Township T-46N North, Range R-26W West, Town of Pedra
 Gov't Lot _____ Lot _____ Block _____ Subdivision 1031-08 CSM # _____ Acreage 4/0
 Volume _____ Page _____ Parcel I.D. # 08-077-06 Use Tax Statement for Legal Description _____
 Property Owner Dennis Celars Contractor Self (Phone) 715-746-2272
 Address of Property 61485 Pike River Rd Plumber _____
Mason, WI 54856 Authorized Agent _____ (Phone) _____

Telephone 715 746-2272 (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 _____ No Yes _____ Basement: Yes _____ No Number of Stories _____
 Estimated Cost of Construction 15,000 Square Footage 700 Sanitary: New _____ Existing Privy _____ City _____
USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) Storage Building
 Residential Accessory Building Addition (explain) Storage Building
 Residential Other (explain) _____

Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (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) Dennis Celars Date 7-3-08
 Address to send permit 61485 Pike River Rd ATTACH
MASON, WI 54856 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 321471 Date 1999
 Date 7-24-08 Permit Number 08-0359 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURAL SETBACKS / CONDITIONS AS REPRESENTED BY OWNER APPEARS TO MEET ALL APPLICABLE CODE REQUIREMENTS
 Permit may be issued by DOC By DOC Date of Inspection 7-22-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: STRUCTURE MAY NOT BE USED FOR COMMERCIAL PURPOSES UNLESS APPLICABLE CODE REQUIREMENTS ARE FULFILLED
 Signed [Signature] 7-22-08
 Inspector Rose [Signature] Date of Approval _____
 JUL 24 2008
 SECRETARY'S OFFICE



Name of Frontage Road: Pike River Rd

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

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

*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.