

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. 08-0524
Date: _____
Zoning District R-PB/2
Amount Paid: 9/17/08
\$75/mg

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 S.W. 1/4 NE 1/4 1/4 of Section 3 Township 76 North, Range 8 West, Town of DELTA

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 0.34

Volume 459 Page 152 of Deeds Parcel I.D. 616-114-06-000

Property Owner PAIRKIA & DONALD KUKULL Contractor Self (Phone) _____

Address of Property 10440 PINE POINT DRIVE Plumber _____

DELTA, WISCONSIA 54847 Authorized Agent _____ (Phone) _____

Telephone 715-384-6715 (Home) 715-384-4280 (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 _____

Fair Market Value 2,600 Square Footage 246

Sanitary: New _____ Existing Privy _____ City _____

USE: _____

Type of Septic/Sanitary System AT

* Residence or Principal Structure (# of bedrooms) _____

Mobile Home (manufactured date) _____

Residence sq. ft. _____

Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____

Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____

Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____

Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____

Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____

Commercial Other (explain) _____

Residential Addition / Alteration (explain) Porch

Special/Conditional Use (explain) _____

Residential Accessory Building (explain) DECK

External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Principal Building (explain) _____

Residential Other (explain) _____

External Improvements to Accessory Building (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) Patricia M. Kukull Date 8.17.08

Address to send permit 816th AVE. E. SUPERIOR WI

ATTACH

Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number No permit on fee Date _____

Date 9/30/08 Permit Number 08-0524 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Non-Conflicting Pre-Existing Structure. Seabers to Lake & Pl's Satisfied

VOETS ESTIMATION REQUIRED By DLC Date of Inspection 8-22-08

PERMIT MAY BE ISSUED PENDING APPROVAL

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Conditioner recorded affidavit; only 274 remains.

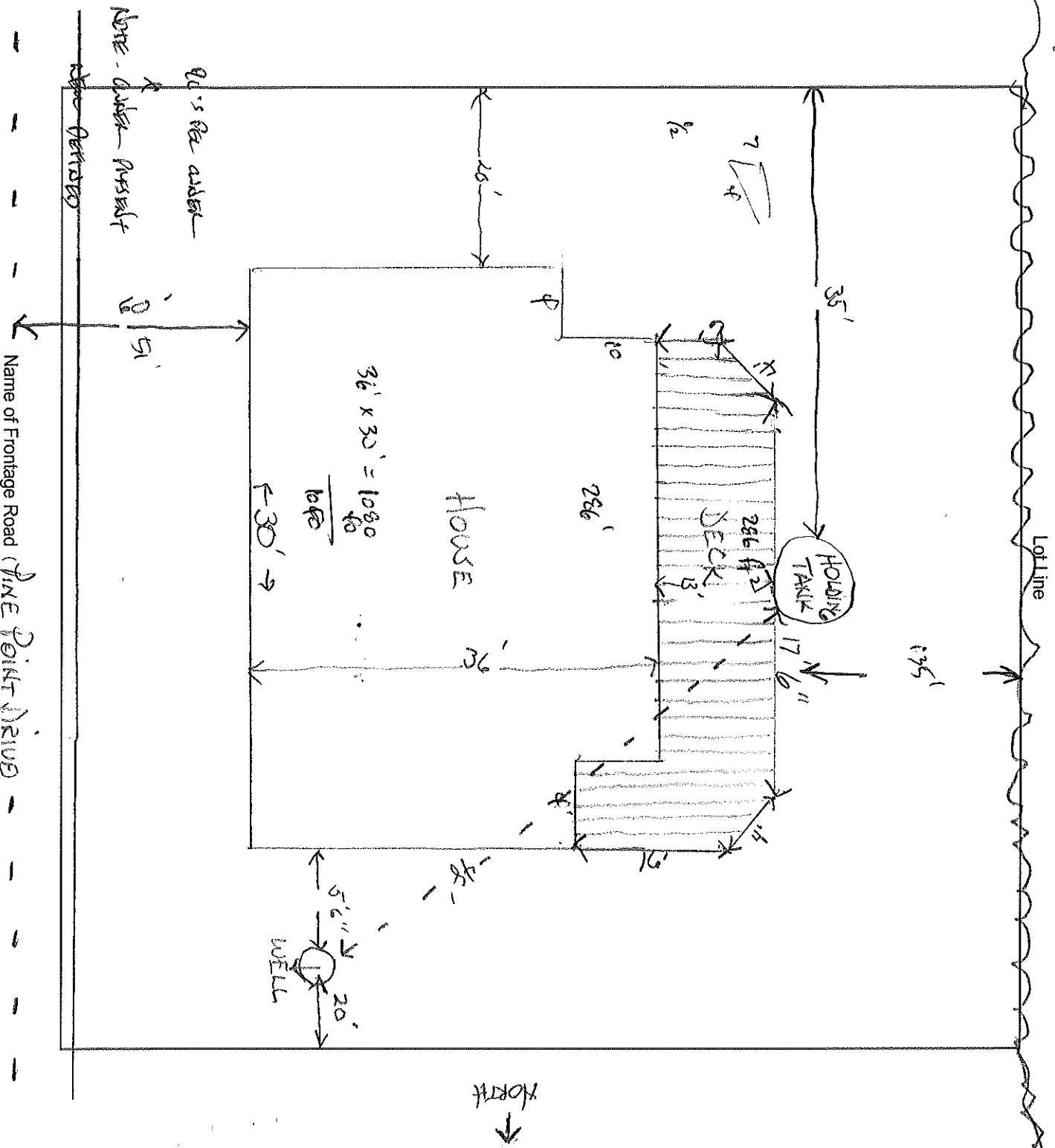
Signed [Signature] Inspector _____ Date of Approval 9-15-08

Permit for Issuance _____

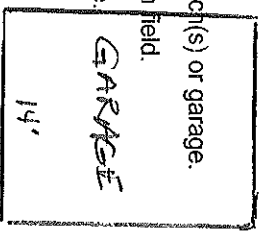
SEP 30 2008

Statistical Dept

EAGLE LAKE



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



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.