

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
SEP 23 2008
Bayfield Co. Zoning Dept

Application No.: 08-0566
Date: 9/24/08
Zoning District: R-1
Amount Paid: \$75.00 RDS

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: 1/4 of Section 04 Township 46 North, Range 08 West, Town of Delta

Gov't Lot 3 Block Subdivision CSM # 1074 Acreage

Volume Page of Deeds Parcel I.D. 04-016-2-46-08-04-1-02-000-0400

Property Owner Steven Schmidt Contractor George Builders (Phone) 78-3269

Address of Property Iron River WI 54847 Plumber

Telephone 715 372 9158 (Home) (Work) Authorized Agent (Phone)

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 2

Fair Market Value DECK \$3000 Square Footage 650sq / Sanitary: New Existing Privy City

USE: * 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 Other (explain)

Residence sq. ft. Garage sq. ft. Special/Conditional Use (explain)

Residential Addition / Alteration (explain) DECK External Improvements to Principal Building (explain)

Residential Accessory Building (explain) External Improvements to Accessory Building (explain)

Residential Accessory Building Addition (explain) External Improvements to Accessory Building Addition (explain)

Residential Other (explain) Commercial Other (explain)

Owner or Authorized Agent (Signature) SPR Schmidt Date 9/24/08

Address to send permit 63955 City Hwy H Iron River WI 54847 ATACH

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 527497 Date 1999

Date 10/14/08 Permit Number 08-0566 Permit Denied (Date)

Reason for Denial:

Inspection Record: STRUCTURE SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEALS TO BE COR

RECTIFIED & LV. PERMIT MAY BE BY DOC Date of Inspection 10-10-08

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

Condition:

Signed Inspector Date of Approval 10-10-08

Rec'd for Issuance

1999 # 0056

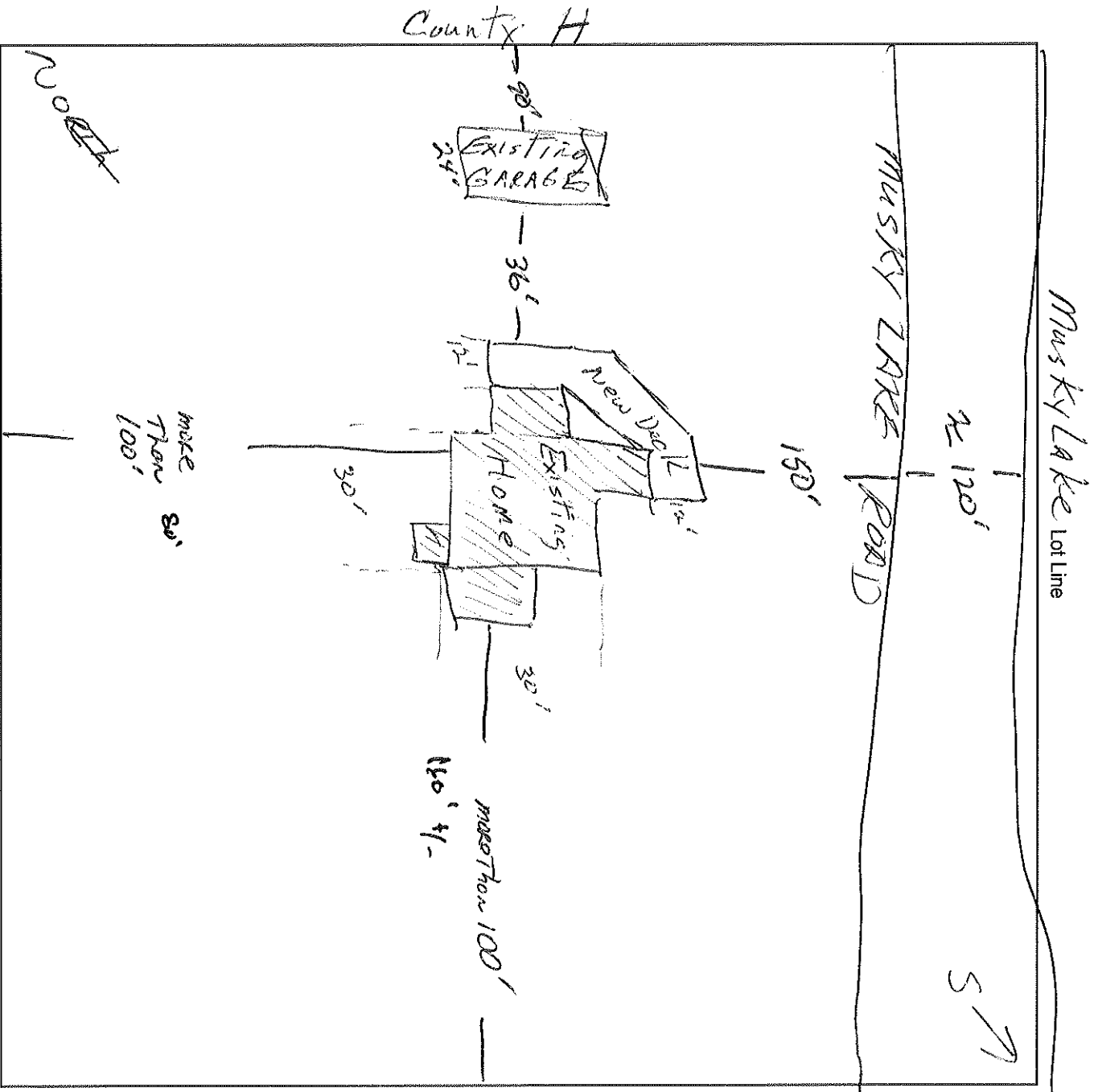
2000 # 0071

6776

OCT 14 2008

Secretarial Staff

8



Name of Frontage Road (Musky Lake + CRH)

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.
 - 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
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank and Drain field to lake, river, stream or pond.
 - o. Well to building
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.
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:

*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 tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
OCT 06 2008
Bayfield Co. Zoning Dept.

Application No. 08-0567
Date: _____
Zoning District R-1/3
Amount Paid: \$125.00 RAS
10/6/08

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 NW 1/4 of SW 1/4 of Section 8 Township 46 North, Range 7 West, Town of DELTA
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.1
Volume 998 Page 34 of Deeds Parcel I.D. # 016 1014 06 990 Use Tax Statement for Legal Description
Property Owner DELTA ASSET INVESTMENT GROUP, LLC Contractor GREGG BOBSON CONST. (Phone) 715-372-4196
Address of Property 62355 FINGER LK. ROAD Plumber N.A. Telephone 715-331-9011
MASON, WI. 54856 Authorized Agent _____ (Phone) _____
Telephone 520 393 9784 (Home) 520 393 5460 (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 Basement: Yes No Number of Stories 1
Estimated Cost of Construction \$15,000 Square Footage 840 Sanitary: New Existing Privy City
USE: Residence for Principal Structure (# of bedrooms) _____
 Residence w/deck-porch (# of bedrooms) _____
 Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch 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) GARAGE 28 x 30
 Residential Accessory Building Addition (explain) 840 sq. ft.
 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) _____

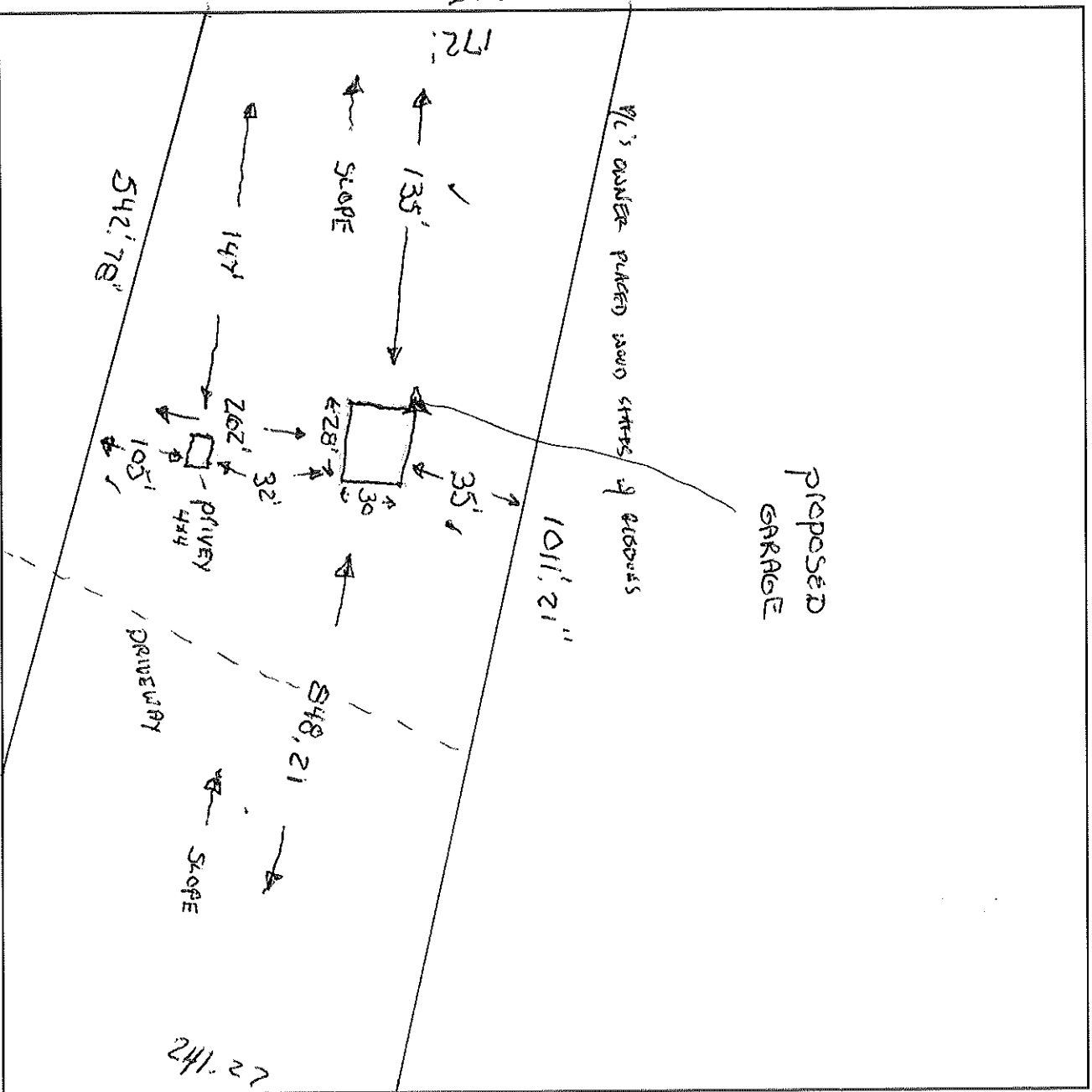
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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) Maven M Anderson Date 10-1-08
Address to send permit GREGG B. BOBSON CONST. 62290 FINGER LK. RD. MASON, WI 54856 ATTACH Copy of Tax Statement
* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 10/14/08 Permit Number 08-0567 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURAL SETBACKS & CONDITIONS AS REPRESENTED BY OWNER - APPEARS TO BE CODE COMPLIANT BUT PERMIT MAY BE ISSUED w/ CONDITIONS Date of Inspection 10-10-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: STRUCTURE MAY NOT BE USED FOR HUMAN HABITATION OR LIVING SPACE UNLESS ALL APPLICABLE ZONING, SANITARY, AND UNIFORM DISEUING CODES ARE MET
Signed: [Signature] Date of Approval 10-10-08
Inspected for Issuance _____

Lot Line



NOTES - STAKED DRIVE
DO, SITE NEW DEWEATED

Name of Frontage Road (FINGER LAKE RD.)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

i. Privy to building	32'
j. Privy to lake, river, stream or pond	147'
k. Drain field to closest lot line	N.A.
l. Drain field to building	N.A.
m. Drain field to well	N.A.
n. Drain field to lake, river, stream or pond	N.A.
o. Well to building	N.A.
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage) **28x30**
3. Show the location of the well, septic tank and drain field. **N.A.**
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	N.A.
e. Septic tank to building	N.A.
f. Septic tank to well	N.A.
g. Septic tank to lake, river, stream or pond	N.A.
h. Privy to closest lot line	105'

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.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

Office Use
Application No.: 08-0571
Date: _____
Zoning District/Lakes Classf: F-1 / 2
Amount Paid: 75 10/14/08
my

RECEIVED
OCT 10 2008

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.
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LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
E 1/2 E 1/2 SE 1/4 NW 282A
Legal Description: E 1/2 of E 1/4 of Section 18 Township 46 North, Range 7 West, Town of Deota
Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10 acres
Volume _____ Page _____ of Deeds Parcel I.D. # 016-1035-10-000 Use Tax Statement for Legal Description

Property Owner: Richard & Susan Davis Contractor: Davis Builders (Phone) 372-4261
Address of Property: 616.00 West Fork Rd. Plumber: NA
Iron River, WI 54847 Authorized Agent _____ (Phone) _____

Telephone: 372-4261 (Home) same (Work) _____
Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75 or greater <75 to 40' less than 40'
Structure: New Addition _____ Existing _____ Basement: Yes _____ No Number of Stories NA
Estimated Cost of Construction: \$5000 Square Footage: 28x16 Sanitary: New Existing _____ Privy _____ City _____

- USE:
- Residence (# of bedrooms) _____ Mobile Home (manufactured date) _____ (# of bedrooms)
 - Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
 - Residence w/attached garage (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____
 - Residential Addition (explain) _____ Commercial Accessory Building (explain) _____
 - Residential Accessory Building (explain) _____ Commercial Accessory Building Addition (explain) _____
 - Residential Accessory Building Addition (explain) _____ Commercial Other (explain) _____
 - Residential Other (explain) _____ Special/Conditional Use (explain) _____
 - External Improvements to Principal Building (explain) _____ External Improvements to Accessory Building (explain) Deck on out building

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.

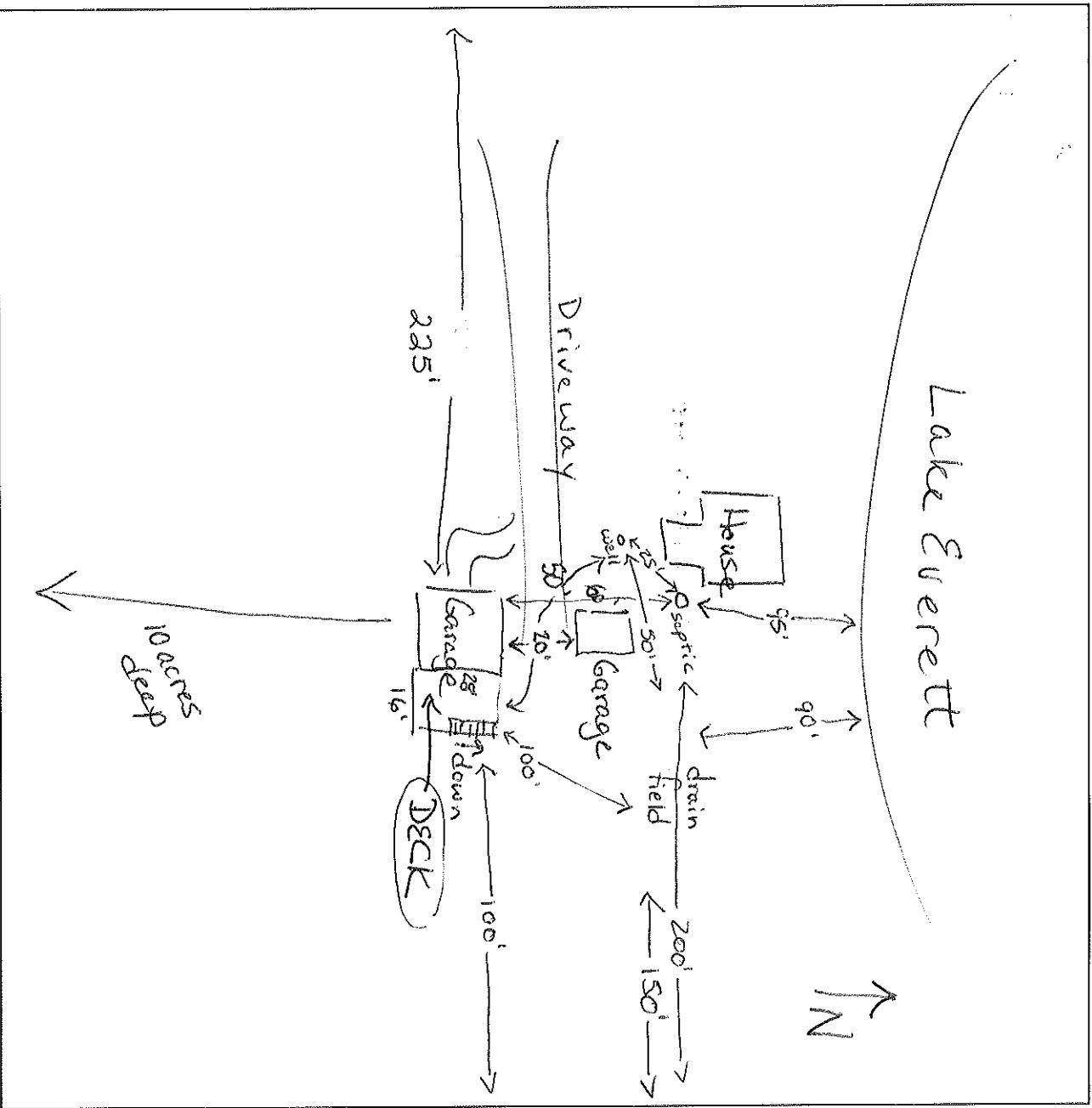
Owner or Authorized Agent (Signature) Susan Davis Date 10/8/08
Address to send permit 616.00 West Fork Iron River WI ATTACH Copy of 54847 Tax Statement

APPLICANT - PLEASE COMPLETE REVERSE SIDE

OFFICE USE ONLY

Permit Issued: _____ State Sanitary Number 59811 Date 1984
Permit Number 10/14/08 Date 08-0571 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structural Seepage/Conditions as represented by owner appears to be code
Compliant & permit may be issued By DK Date of Inspection 10-16-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed [Signature] Inspector Rec'd for Issuance Date of Approval 10-16-08

Lot Line



Lot Line

Name of Frontage Road (West Fork Rd)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
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 NA
 - c. Building to lake, river, stream or pond 200'
 - 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 NA
 - i. Privy to building NA
 - j. Privy to lake, river, stream or pond NA
 - 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 COMPLETELY.

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