

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
 FEB 11 2009
 Bayfield Co. Zoning Dept

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.

Application No.: 09-0038
 Date: _____
 Zoning District: R-RB(3)
 Amount Paid: \$752/12/09 mg

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
 Legal Description: SW 1/4 of NE 1/4 of Section 12 Township 46 North, Range 6 West, Town of Delta
 Gov't Lot 763 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40
 Volume 763 Page 15 of Deeds Parcel I.D. # 06-1095-01-000 Use Tax Statement for Legal Description _____
 Property Owner ALLIE RAVEN Contractor LUKE MULLIN (Phone) 372-4131
 Address of Property IRON PINE, WI 54841 Plumber _____

Telephone 651-777-2992 (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 1
 Estimated Cost of Construction \$,000.00 Square Footage 440 Sanitary: New _____ Existing (existing toilet) Privy _____ City _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____ Mobile Home (manufactured date) _____
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (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) LIVING AREA EXPANSION
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (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) [Signature] Date 2/11/09

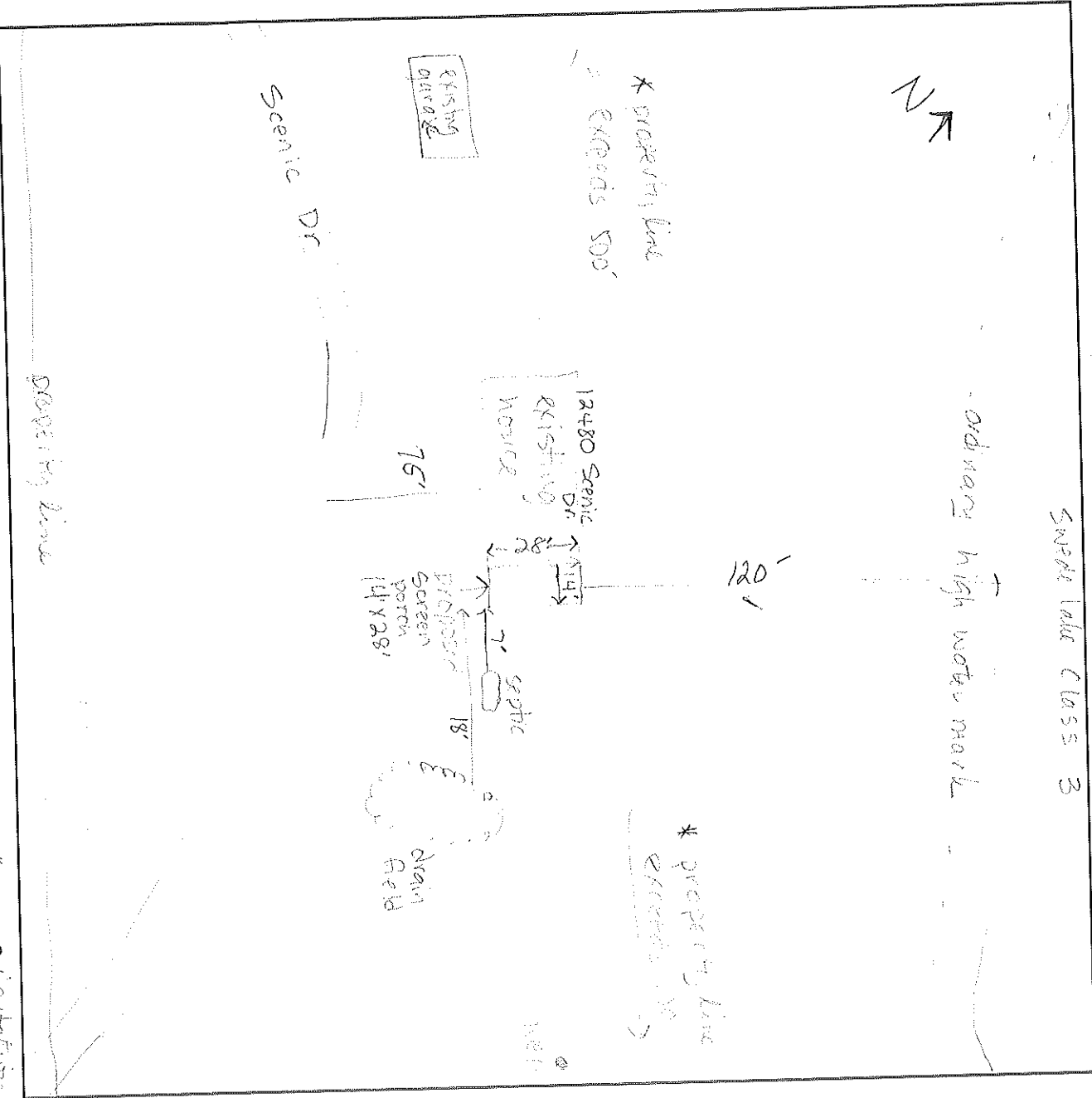
Address to send permit 9399 LAKE JANETRLN, ATTACH _____ Copy of Tax Statement
LAKE ELMO, MN 55042 If you previously purchased the property Attach a Copy of Recorded Deed
 * See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: State Sanitary Number 165491-251707 Date 1995
 Date 2/26/09 Permit Number 09-0038 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: CONFIRMING SURVEYOR'S & CONDITIONS AS REPRESENTED BY OWNER
MEET CODE REQUIREMENTS By DC Date of Inspection 2-28-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Other Determined by mistake of [Signature] Signed _____ 2-24-09
While - John Schreiber of 2008. Inspector [Signature] Rec'd for Issuance _____ Date of Approval _____
120-41- 251707 1445 FEB 26, 2009
 Secretarial Staff

Lot Line

Swamp Lake Class 3

advance high water mark



Note: ~~Processed~~ ~~ADDITION~~ ~~AS~~ ~~RETRACTED~~ Name of Frontage Road (Scenic Dr) * See Orientation drawing of Section 12, attached.

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.