

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
 APR 13 2009
 Bayfield County Zoning Dept

RECEIVED

Application No: 09-0086
 Date: 4-13-09
 Zoning District: F-1B(1)
 Amount Paid: \$100 4/14/09 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: Septic/Sanitary System

Legal Description NE 1/4 of SW 1/4 of Section 3 Township 46 North, Range 8 West, Town of Delta

Gov't Lot 461 Lot 9 Block 159 Subdivision CSM # 1.66

Volume CSM 2 Page 216 of Deeds 04-016-2-46-08-0301-000-10000 (011108101000)

Property Owner ROBERT L. & ROBERTA E. RUEF Contractor DON TIKKA (Phone) 715-682-5006

Address of Property 10480 EAGLE LAKE RD Plumber

IRON RIVER, WI 54847 Authorized Agent

Telephone 715-372-4343 (Home) N/A (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 \$ 3500 Square Footage 152 Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms)

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) External Improvements to Principal Building (explain)

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

Residential Accessory Building Addition (explain)

Residential Other (explain) STAIRWAY

Owner or Authorized Agent (Signature) Robert L. Ruef Date 4/8/09

Address to send permit 10480 EAGLE LAKE ROAD ATTACH

IRON RIVER, WI 54847 Copy of Tax Statement or

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number Date

Date 4-23-09 Permit Number 09-0086 Permit Denied (Date)

Reason for Denial:

Inspection Record: EXISTING SEPTIC FEATURES SAME FOR LIKE ACCESS. AS REPRESENTED BY ASHIER

PROPOSED SEPTIC SYSTEM MEETS By DR Date of Inspection 4-21-09

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

Condition: Excavated During Sanitary Construction Must Be Insured.

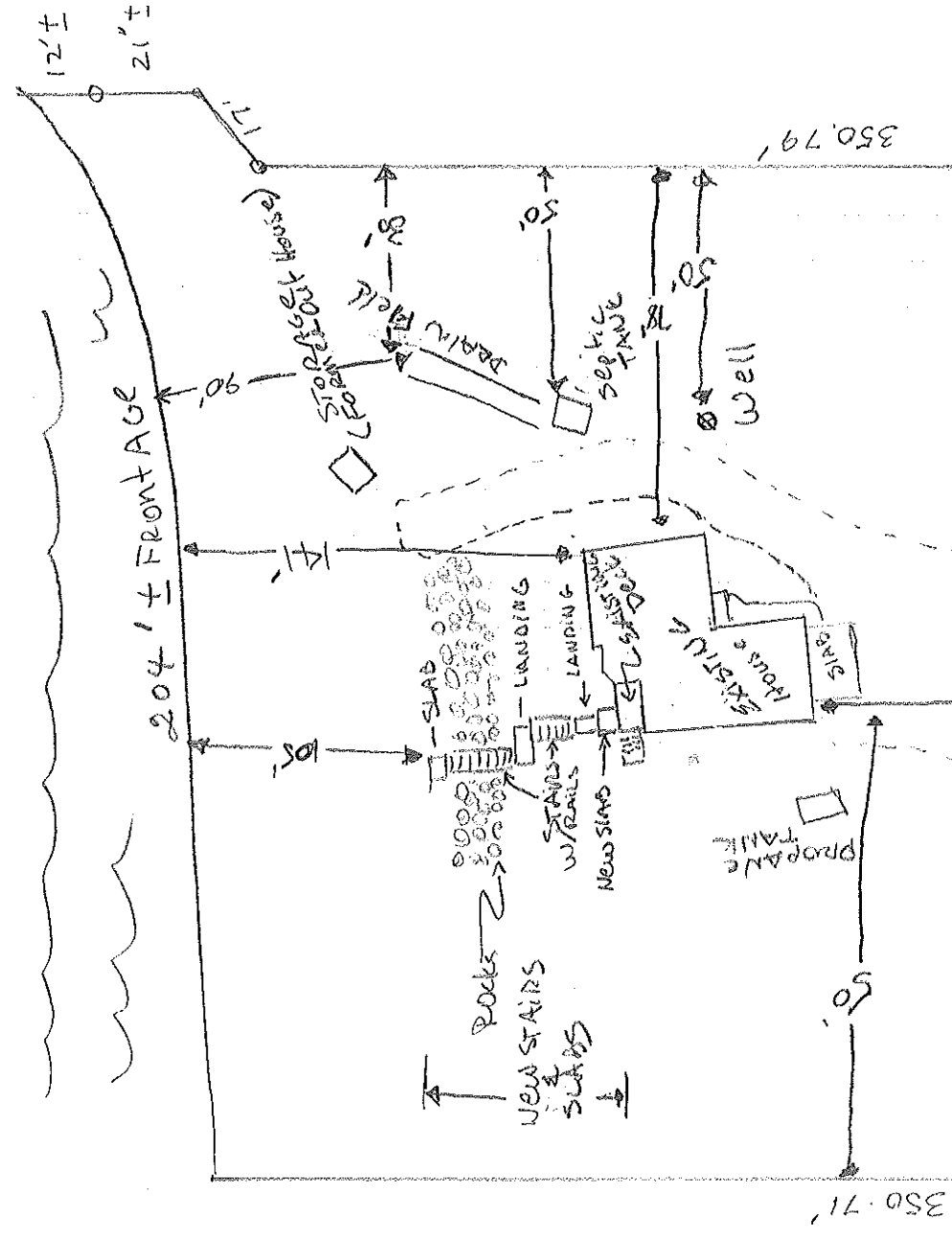
Signed [Signature] Inspector Date of Approval 4-21-09

Rec'd for Issuance

APR 22 2009

Secretarial Staff

EAGLE LAKE



"Not to Scale"

EAGLE LAKE ROAD

ROBERT ROBERTA RUEF
10480 EAGLE LAKE RD
INDIAN RIVER, FL 34847

715-372-4343

204' ±

350.71'

350.79'