

**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
APR 15 2009
Bayfield Co. Zoning Dept.

ENTERED

Application No: 09-0149
Date: _____
Zoning District: R-1/-
Amount Paid: \$375 4/15/09
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 Tax Statement for Legal Description n.w.

Legal Description R-1/- 1/4 of S.W. 1/4 of Section 4 Township 4/6 North, Range 8 West, Town of Delta
Gov't Lot _____ Lot 2 Block _____ Subdivision _____ CSM# 1222 Acreage 10.86
Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-016-2-46-08-04-3 01-000-1000

Property Owner Glen Miller Contractor Bullman Homes Modular Homes (Phone) 218-729-8001
Address of Property xxx Trout Lake Rd Plumber Rasmussen
Red River, WI 54887 Authorized Agent _____ (Phone) 715 798 3355

Telephone 218 598 4430 (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Written Authorization Attached: Yes No
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 185,000 Square Footage 1624
Sanitary: New Existing _____ Privy _____ City _____
Type of Septic/Sanitary System Conventional
 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 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) [Signature] Date 4/13/09

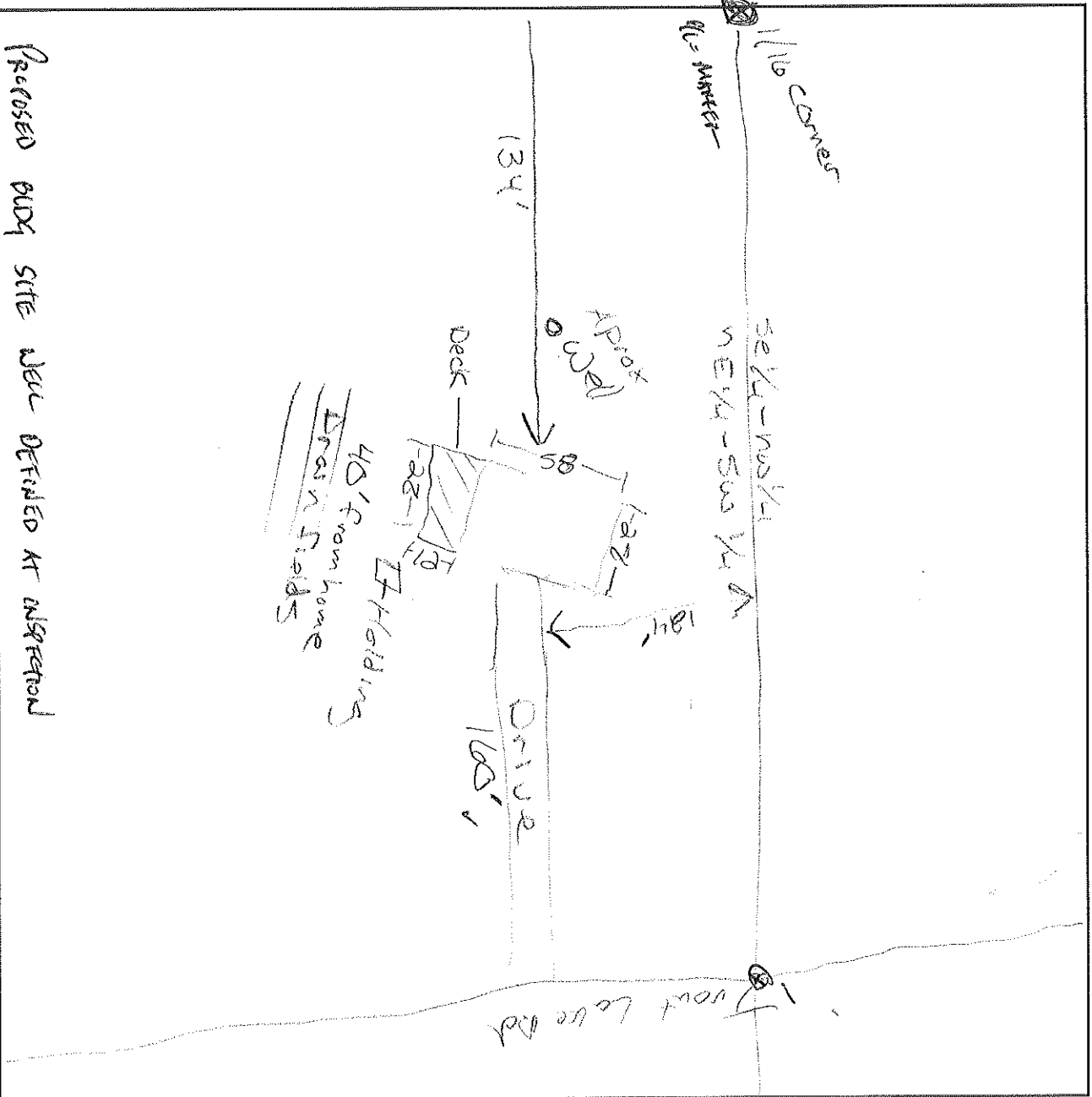
Address to send permit 6202 Trosny St Duluth MN 55807 ATTACH _____
Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 09-0149 Date 5/20/09
Date 5/22/09 Permit Number 09-0149 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURAL SEPTIC SYSTEMS CONDITIONS AS REPRESENTED BY OWNER APPEARS TO MEET CODE REQUIREMENTS & PERMIT MAY BE ISSUED. Date of Inspection 4-20-09
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: A UNIFORM QUALITY CODE (UQC) PERMIT FROM THE LOCAL CONTRACTED UQC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.
Signed [Signature] Inspector [Signature] 4-20-09
Rec'd for Issuance of Approval
MAY 20, 2009
Secretary Staff

TAX STATEMENT
Sanitary



Name of Frontage Road (Forest Lake Rd)

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
 - 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

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.