

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
 JUL 22 2009
 Bayfield Co. Zoning Dept.

Application No. 09-0316
 Date: _____
 Zoning District F-1
 Amount Paid: \$250.00 8/12/09
SPECIAL USE FEA \$125.00 MJ

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 SE 1/4 of SW 1/4 of Section 24 Township 416 North, Range 7 West, Town of Delta

Gov't Lot _____ of _____ Block _____ Subdivision _____ CSM # _____ Acreage 15.63

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-016-2-46-07-24-3 04-000-10000

Property Owner Skip Meider (Donald R) Contractor self (Phone) 715-829-8624
 Address of Property Horstman Rd
Iron River, WI 54661 Plumber Berry KIELSTAD (Phone) _____
 Authorized Agent _____ (Phone) _____

Telephone 715-720-2348 (Home) 715-829-8624 (Work)

Is your structure in a Shoreland Zone? Yes No **if yes.**

Structure: New Addition Existing _____
 Fair Market Value 15,000.00 Square Footage 1,164
USE:

- * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. 1,164 Deck sq. ft. 720
- * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. 288 Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (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 6-15-09
 Address to send permit 3199 400th St Chippewa Falls WI 54729 ATTACH _____

* See Notice on Back
 Copy of Tax Statement or _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 09-675 Date 7-24-09
 Date 8/12/09 Permit Number 09-0316 Permit Denied (Date) _____

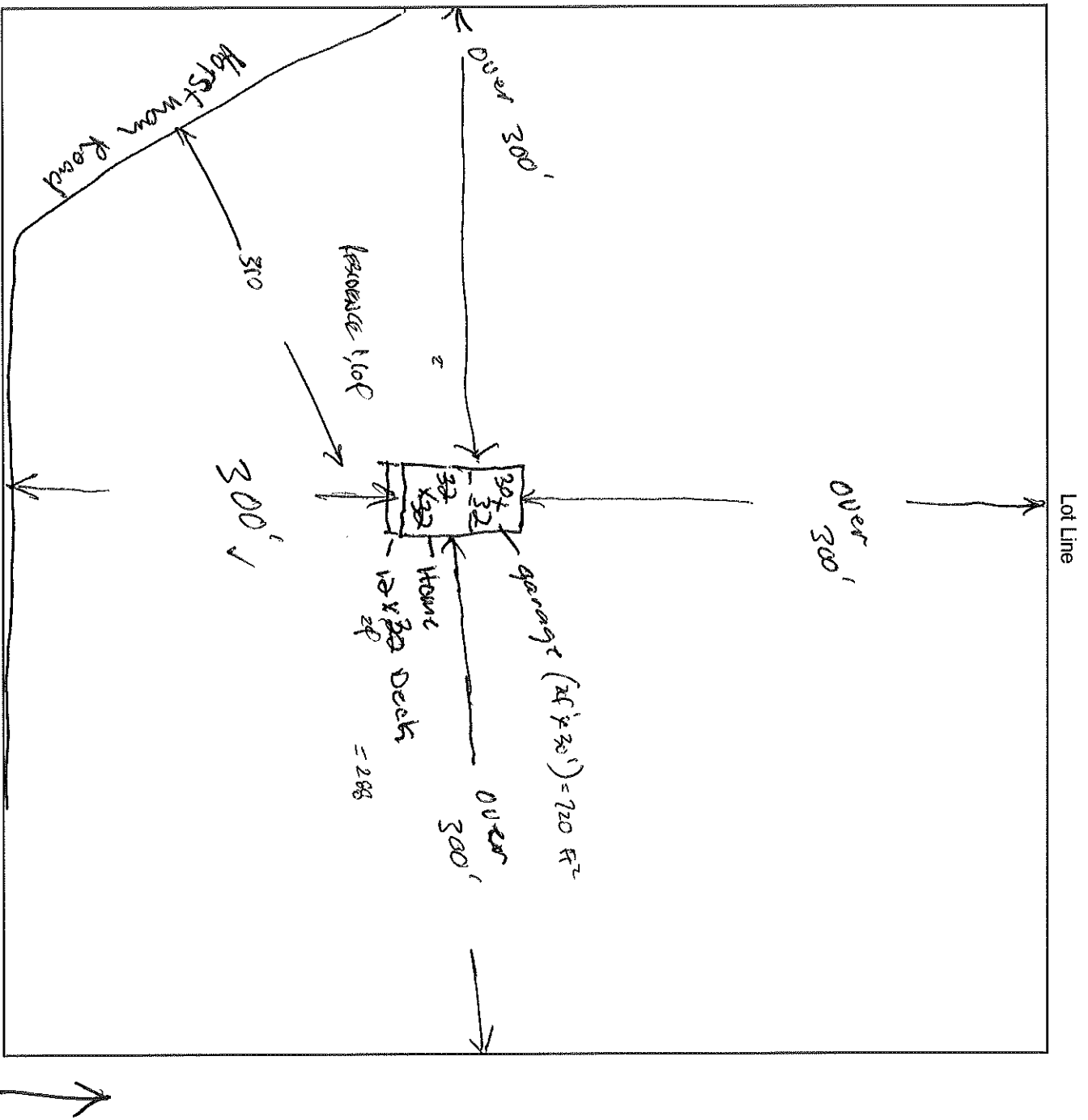
Reason for Denial: _____
 Inspection Record: Structural setbacks/conditions as represented by owner label appears to be code compliant & permit may be issued pending conditions
 By DC Date of Inspection 7-27-09

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

Condition: A UNIFORM DWELLING CODE (UDC) PERMIT FROM THE LOCALLY CONTRACTED UDC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Signed [Signature] Date of Approval 7-27-09

Note: DC was on vaca./ap. not in ofc./KLK did inspection
So permit could be issued a # on 8/6/09. MJ



- Build only site when Required At Inspection Name of Frontage Road (Horstman)

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.