

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
 SEP 15 2009
 Bayfield Co. Zoning Dept.

Application No. 09-0438 ENTERED
 Date: _____
 Zoning District R-1 (CLASS CARE)
 Amount Paid: \$75 9/15/09 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

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

Gov't Lot 7-A Block 7-A of Deeds _____ Subdivision _____ CSM # 000171 Acreage 2.54

Volume 2 Page 21626A of Deeds Parcel I.D. 04-016-2-46-08-03-3 01-000-40000

Property Owner DEREK H & KIM M. OGLE Contractor SELF (Phone) _____

Address of Property 10440 EABLE LAKE RD Plumber _____

FRON RIVER, WI 54647 Authorized Agent _____ (Phone) _____

Telephone 715-372-5554 (Home) 715-662-1300 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____ Written Authorization Attached: Yes No

Structure: New _____ Addition Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value ~\$4000 Square Footage ~200 Basement: Yes _____ No Number of Stories 2

USE: _____ 24' x 8' = 192 Sanitary: New _____ Existing Privy _____ City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System CONVENTIONAL

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) Garage expansion for storage Special/Conditional Use (explain) _____

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

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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) Derek H Ogle Date 11-Sept-09

Address to send permit Same as above 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 _____ Date _____
 Date 9/22/09 Permit Number 09-0438 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURAL CRACKS/CONDITIONS AS REPRESENTED BY OWNER APPEAR TO BE CODE COMPLIANT & I.U. PERMIT MAY BE By DOC Date of Inspection 9-17-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector _____ Date of Approval 9-17-09
SHOWER DISTANCE FROM HOUSE IS 78' **Rec'd for Issuance**

VERIFY CONFIGURATION OF POINTS & IMPROVEMENTS

SEP 28, 2009

Secretarial Staff

