

RECEIVED
AUG 05 2009

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

Application No.: 10-0018
Date: 8-12
Zoning District: R-1/2
Amount Paid: 75 8/6/09

RECEIVED
JUL 23 2009
Ref'd. Incomplete
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.

(ATTACHED)

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
Legal Description: 2 1/4 of Section 2 Township dk North, Range 7 West, Town of Delta
Gov't Lot 2 Lot Block _____ Acreage 1.6
Volume _____ Page _____ of Deeds _____ Parcel I.D. # _____
Supervision _____ CS# _____
Use Tax Statement for Legal Description _____

Property Owner: MICHAEL J. BIGLOW
Address of Property: 59165 KERN LAKE RD., Delta, Wis.
Authorized Agent: PAUL AHLWIN (Phone) 715-763-3110
Plumber: Davey Mpanthe
Written Authorization Attached: Yes No

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 No Basement: Yes No Number of Stories: 1
Estimated Cost of Construction: 24800 Square Footage: 1525 Sanitary: New Existing Privy City _____
USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) Change roof from flat to pitched
 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): Walter P. Ahlwin Date: 7-6-09
Address to send permit: 20405 S. Sweden Rd. Grandview, WI 54839 ATTACH Copy of Tax Statement

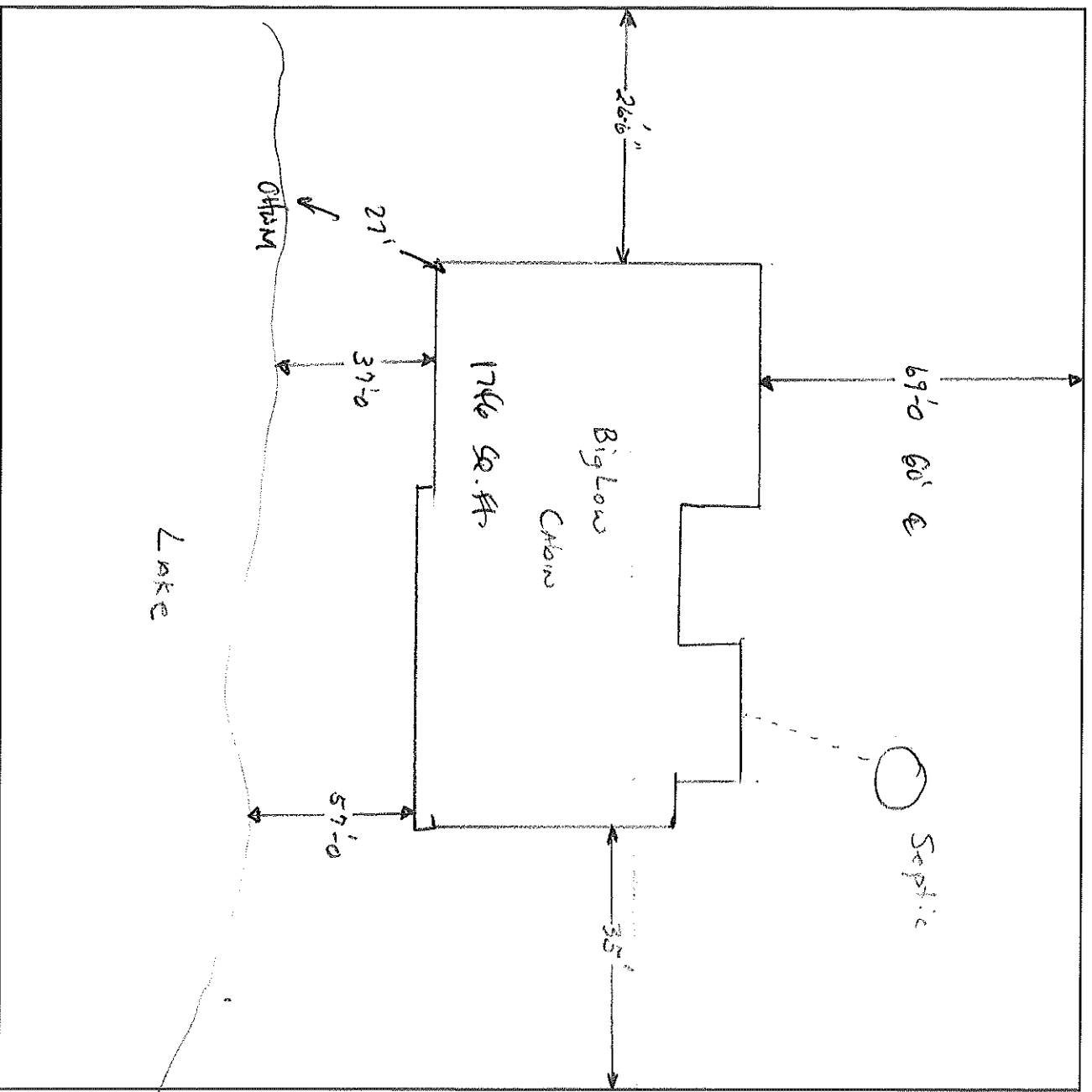
* See Notice on Back

If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
Permit Issued: State Sanitary Number 09-1915 Date 8-18-09
Date 2/8/10 Permit Number 10-0018 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Best guy performing inspection less than 20 feet from stream & 60 ft from E boundary feet out of covered entrance porch By DL Date of Inspection 8-18-09
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: the terms & conditions of the agreed upon groundwater & mitigation plan must be initiated upon one(1) year of the date of the land use permit & have binding over the current
no better - all future property sales Signed: [Signature] Inspector: G. [Signature]
Date of Approval _____
Rec'd for Issuance _____

FEB 8, 2010
Secretarial Staff

Center Line of West Keen Lake Rd.
Lot Line



Name of Frontage Road (West Keen 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 - (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.