

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

RECEIVED
 APPLICATION, WISCONSIN
 MAY 1 2010

MAY 11 2010

RECEIVED

Application No.: 10-0189
 Date: _____
 Zoning District F-1 Class 3
 Amount Paid: 100. 5/25/10 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 SE 1/4 of Section 2 Township 46 North, Range 8 West, Town of Delta
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 12

Volume 588 Page 202 of Deeds Parcel I.D. 04-016-2-46-08-02-4 01-000-10000

Property Owner James Daoust Contractor S&F (Phone) _____

Address of Property 11820 City Hwy. H Plumber _____

Iron River, Wi. 54847 Authorized Agent _____ (Phone) _____

Telephone 715-372-5330 (Home) 715-209-2006 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____
 Fair Market Value 800.⁰⁰ Square Footage 20 Ft²

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. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____
 Residential Other (explain) Stair way To Lake

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) _____ Date 5/11/10

Address to send permit 11820 City Hwy H Iron River, Wi. 54847 ATTACH

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

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 5/25/10 Permit Number 10-0189 Permit Denied (Date) _____

Reason for Denial: _____

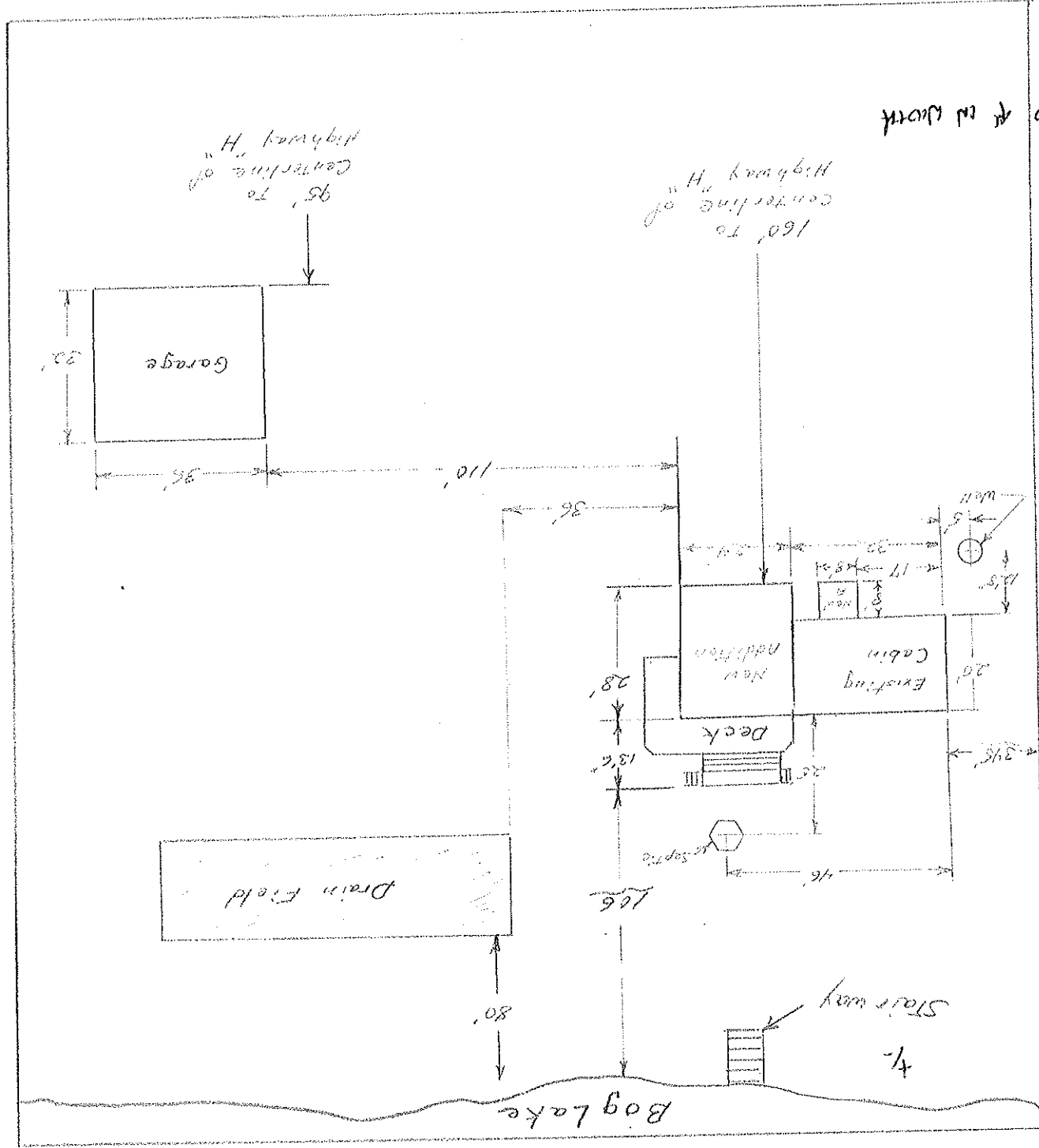
Inspection Record: BASED ON EXISTING PROGRAMIC CONDITIONS WITHOUT STAIRWAY ACCESS SPECURE IS

WHEREAS Permit may be By DDC Date of Inspection 5-18-10

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

Condition: _____

James Daoust Signed _____ Inspector _____ Date of Approval 5-18-10



STAIRWAY NOT TO EXCEED 4' IN WIDTH

SLOPE 4% TO 6%

STAIRWAY

NOTE - 2 STRONGS TO 50 FT BACK

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