

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 15 2010

Application No.: 10-0296
 Date: _____
 Zoning District A-1F - mg
 Amount Paid: 75 7/16/10

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 N1/2 SW 1/4 of SE 1/4 of Section 12 Township 46 North, Range 7 West, Town of Delts

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

Volume 1017 Page 812 of Deeds Parcel I.D. 04016246071230100030000

Property Owner NORBERT & MARY PATTERMANN Contractor PATTERMANN HOMES (Phone) 715 209 7939

Address of Property 18460 BEDWAARIK RD Plumber _____

MASON WI 54856 Authorized Agent _____ (Phone) _____

Telephone 715 209 7939 (Home) 715 209 7940 (Work) Written Authorization Attached: Yes No

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

Structure: New Addition Existing _____

Fair Market Value \$29,000 Square Footage 1000

USE: 1200 ft

* 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) _____

Residential Accessory Building (explain) GARAGE

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OR 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) Mary Pattermann Date 7-15/2010

Address to send permit _____

* See Notice on Back ATTACH 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 _____ Date _____

Date 8-12-10 Permit Number 10-0296 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SEISSAYS/GAD HISS AS REPRESENTED BY ADNER APPEARS TO BE GOE COMPLIANT & IN PERMIT By DBL Date of Inspection 8-10-10

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

Condition: STRUCTURE MUST BE AT LEAST 30 FEET FROM ALL PROPERTY LINES & A COUNTY

WHEREFOR PERMIT IS REQUIRED SHOULD PREVENT FIXTURES & FINISHES UNTIL BE INSTALLED IN

Signed [Signature] 8-10-10

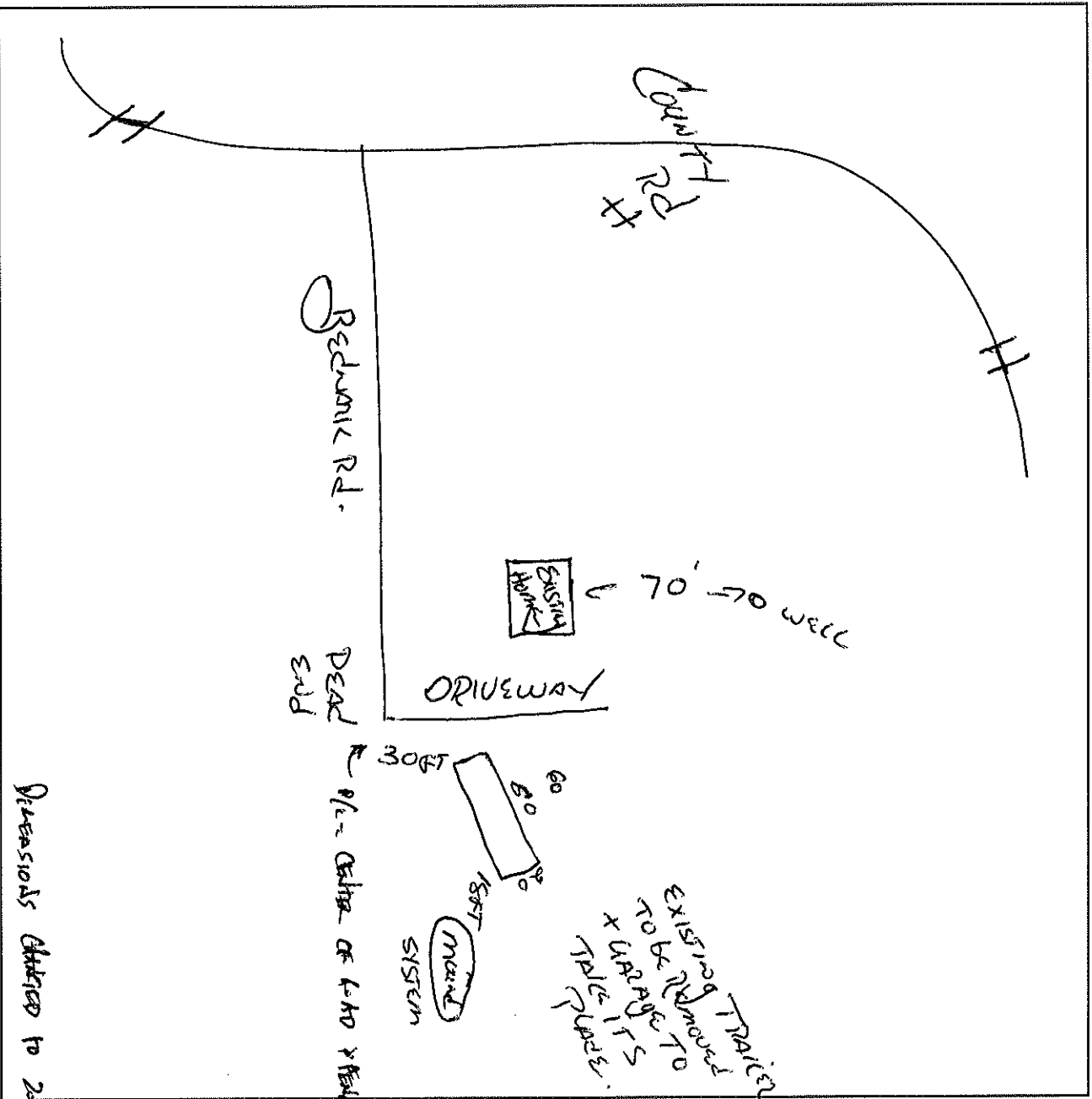
Inspector [Signature] Date of Approval _____

Rec'd for Issuance

AUG 11, 2010

→ THE ACCESSORY STRUCTURE

Lot Line



~~More~~ ~~Order~~ ~~Required~~, ~~Required~~ location ~~Sub~~ ~~Order~~ ~~Order~~

Name of Frontage Road (Bedwank 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.