

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 07 2010

Application No.: 10-0379
 Date: _____
 Zoning District: R-201
 Amount Paid: \$100
9/21/10 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
SW 1/4 NW 36 W 40' LOT 9 91 E 80' LOT 4 3 Township 416 North, Range 8 West, Town of DELTA
 Legal Description 1/4 of Section _____

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

Volume _____ Page _____ of Deeds Parcel I.D. 04-016-2-46-08-03-4 00-143-08000

Property Owner KATHERINE LEONIDAS ET AL Contractor SILVEF-MAPLE (Phone) 715.372.6051

Address of Property 10630 CEDAR CREST Plumber N/A

DELTA WI Authorized Agent N/A (Phone) _____

Telephone 651.253.6745 (Home) 651.290.1936 (Work)

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
 Fair Market Value \$3,000 Square Footage 905F

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) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) STEPS TO LAKE

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) Katherine Leonidas Date SEP 7, 2010

Address to send permit 5049 LINDEN TRAIL LAKE ELMO, MN 55042 ATTACH

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9/21/10 Permit Number 10-0379 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SKINNY ACCESS STRUCTURE NECESSARY FOR LIFE ACCESS DUE TO BASKING FORECASTIC CONDITIONS BRISLING CULTURE BY DDC Date of Inspection 9-10-10

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

Condition: _____

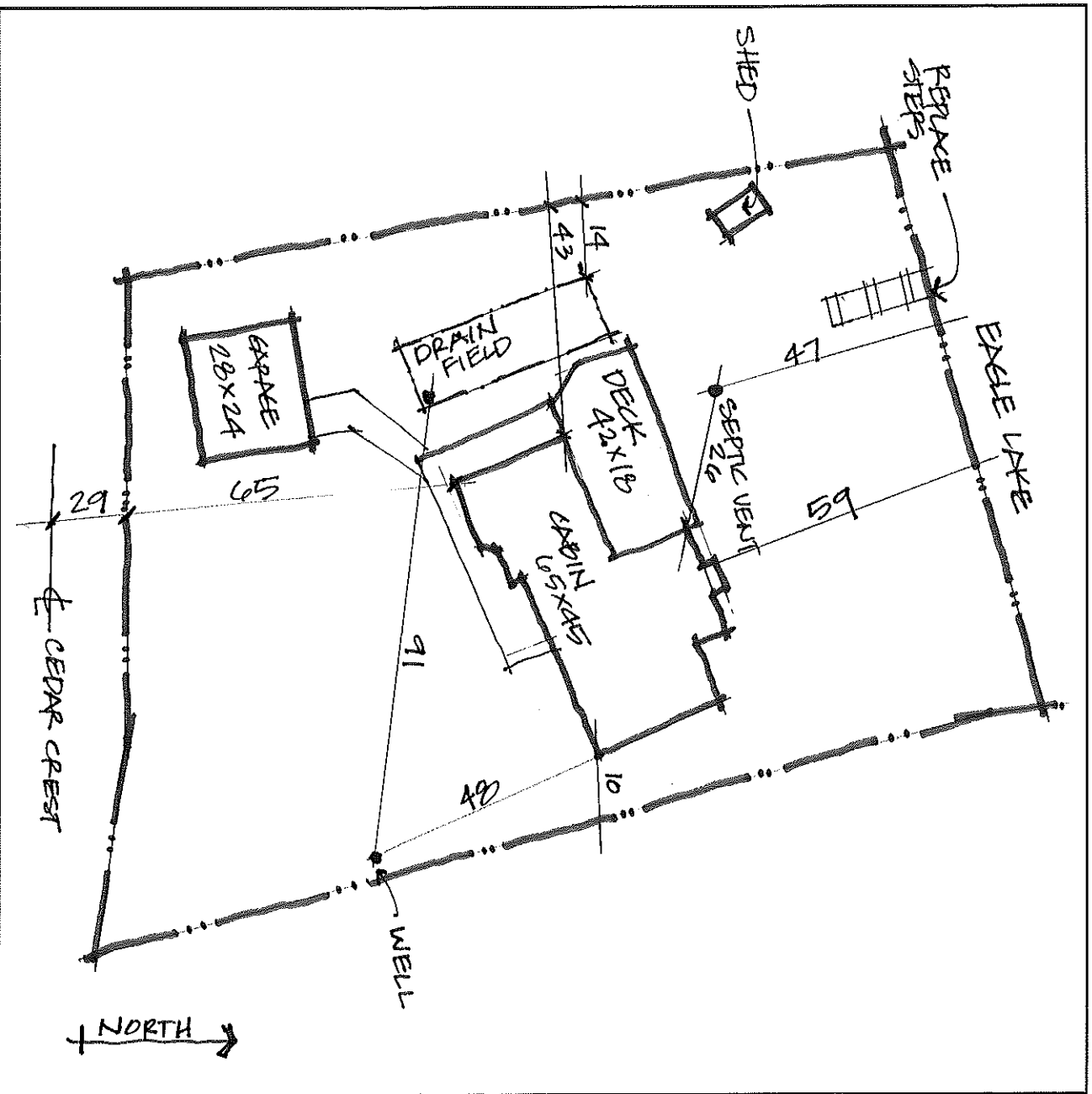
Signed [Signature] Date of Approval 9-10-10
 Inspector _____

Rec'd for Issuance

SEP 20 2010

Secretarial Staff

Lot Line



Name of Frontage Road CEDAR CREST)

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.