

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
 JUL 14 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-02948
 Date: 8/2/2011
 Zoning District: A-1
 Amount Paid: \$75.00 PDS
 7/14/11

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 Southwest of South 1/4 of Section 10 Township 46 North, Range 7 West, Town of DECTIA

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5

Volume _____ Page _____ of Deeds Parcel I.D. 08-014-209-01-10 08-00-20000

Property Owner CHARLES F. B. ROCKER Contractor SELF (Phone) 608 633 1475

Address of Property 16830 County Highway H Plumber NONE

MASON WI 54856 Authorized Agent _____ (Phone) _____

Telephone 608 633 1475 Home 608 633 1475 Work Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New _____ Addition Existing _____ Basement: Yes _____ No Number of Stories 1

Fair Market Value 15000 Square Footage _____ Sanitary: New _____ Existing Privy _____ City _____

USE: 1172 Type of Septic/Sanitary System MOUND

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) FARGENT 03

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) for Retinal (2x76) Special/Conditional Use (explain) _____

Residential Accessory Building (explain) Garage 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 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) Charles F. B. Rocker Date 11/24/2011
 Address to send permit 16830 County Highway H, MASON WI 54856 ATTACH copy of Tax Statement or
 * See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 124146 Date May

Date 8/2/2011 Permit Number 11-02948 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure satisfactory/conditions to be met by order hereby to be done

10 Result may be issued By DA Date of Inspection 7-26-11

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

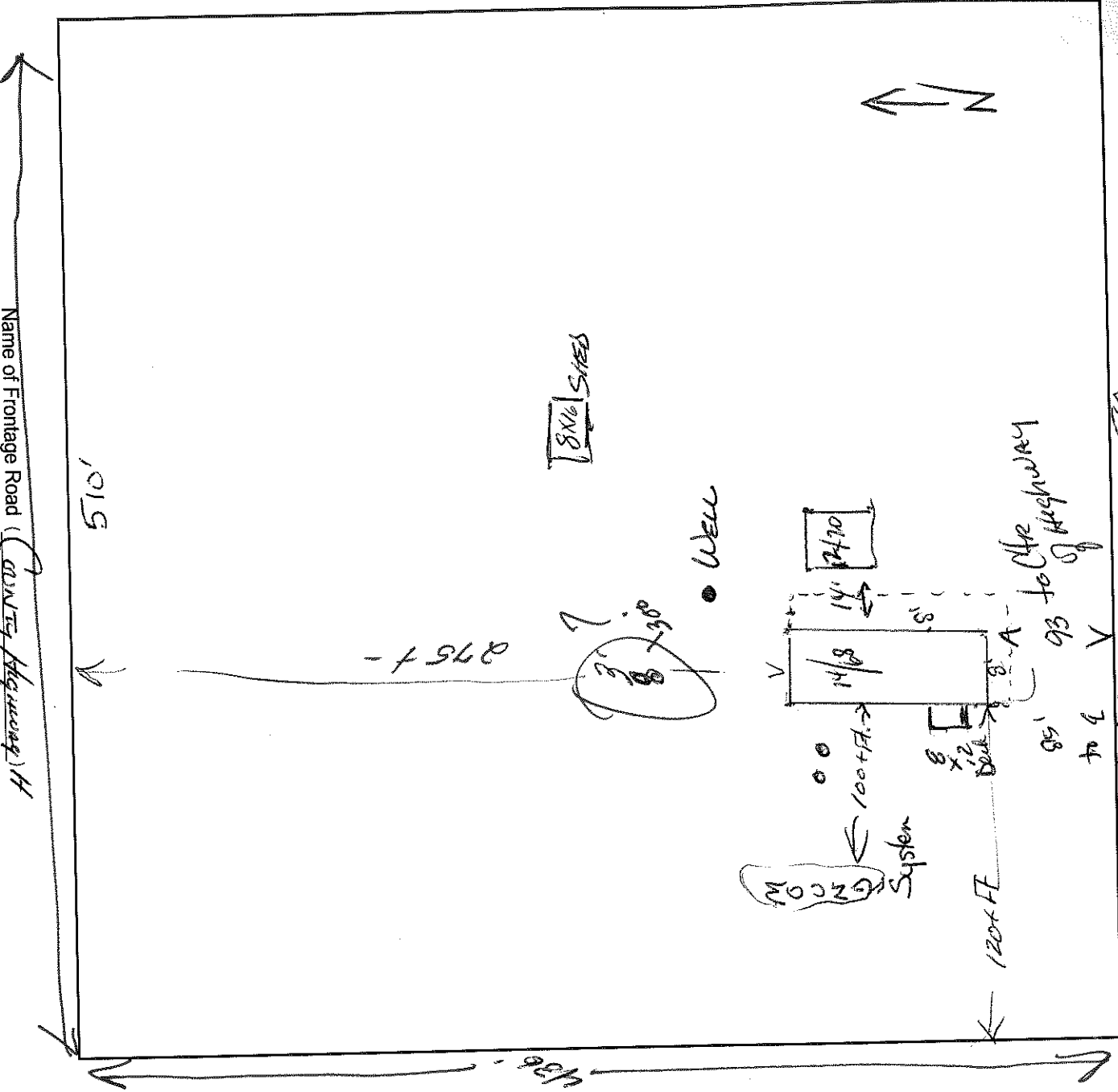
Condition: _____

Academy system vented Signed [Signature] Date of Approval 7-26-11

NO the SKI trip permit # Rec'd for Issuance [Signature] Inspector _____

2) Colminton Russell Secretarial Staff

436
 015 Lot Line 0446 24
 H. Brown 12/14/2000
 County Highway H



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.