

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 19 2011

Bayfield Co. Zoning Dept.

Application No: 11-0351
 Date: 8/2/2011
 Zoning District: R8 / class 3
 Amount Paid: \$75.00 EDS
7/20/11

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 _____ 1/4 of _____ 1/4 of Section 7 Township 46 North, Range 7 West, Town of DELTA
 Govt Lot _____ Lot 1 Block _____ Subdivision _____ CSM # 1260 Acreage 6.110

Volume X876 Page X8198 Parcel ID. 04-016-2-46-07-07-2 02-000-20000

Property Owner STEVEN S & CATHERINE M MASLOSKI Contractor Tommaso Loeb Plumbing (Phone) 715-453-3265

Address of Property 13040 HWY H DELTA, WI Pumber WISOCKY Plumbing & HEATING

Telephone 317 398-7907 (Home) 317 489-7962 (Work) Authorized Agent Tommaso Loeb (Phone) 715-453-3265

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 Garage Addition Horse Existing _____ Sanitary: New _____ Existing X Privy _____ City _____

Fair Market Value 375000 Square Footage 240 Type of Septic/Sanitary System Conventional

USE: Residence of Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence of Principal Structure (# of bedrooms) _____ 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 Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) New Detached 24x24 Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (explain) _____

Residential Other (explain) _____ External Improvements to Accessory Building (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) Beet Marin Date 7/18/11

Address to send permit Tommaso Loeb & Courtney Homes Inc ATTACH

ATTN: BEET MARIN Copy of Tax Statement or
2285 Hwy L (If you recently purchased the property
DELTA, WI 54891 Attach a Copy of Recorded Deed)

* See Notice on Back TOMAHAWK, WI 54987 APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 247046 Date 1498

Date 8/2/2011 Permit Number 11-0351 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Submittal set back conditions as witnessed by order appears to be code

Comment & DV present only BE BY OR Date of Inspection 7-26-11

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

Condition: _____

Recd for Issuance

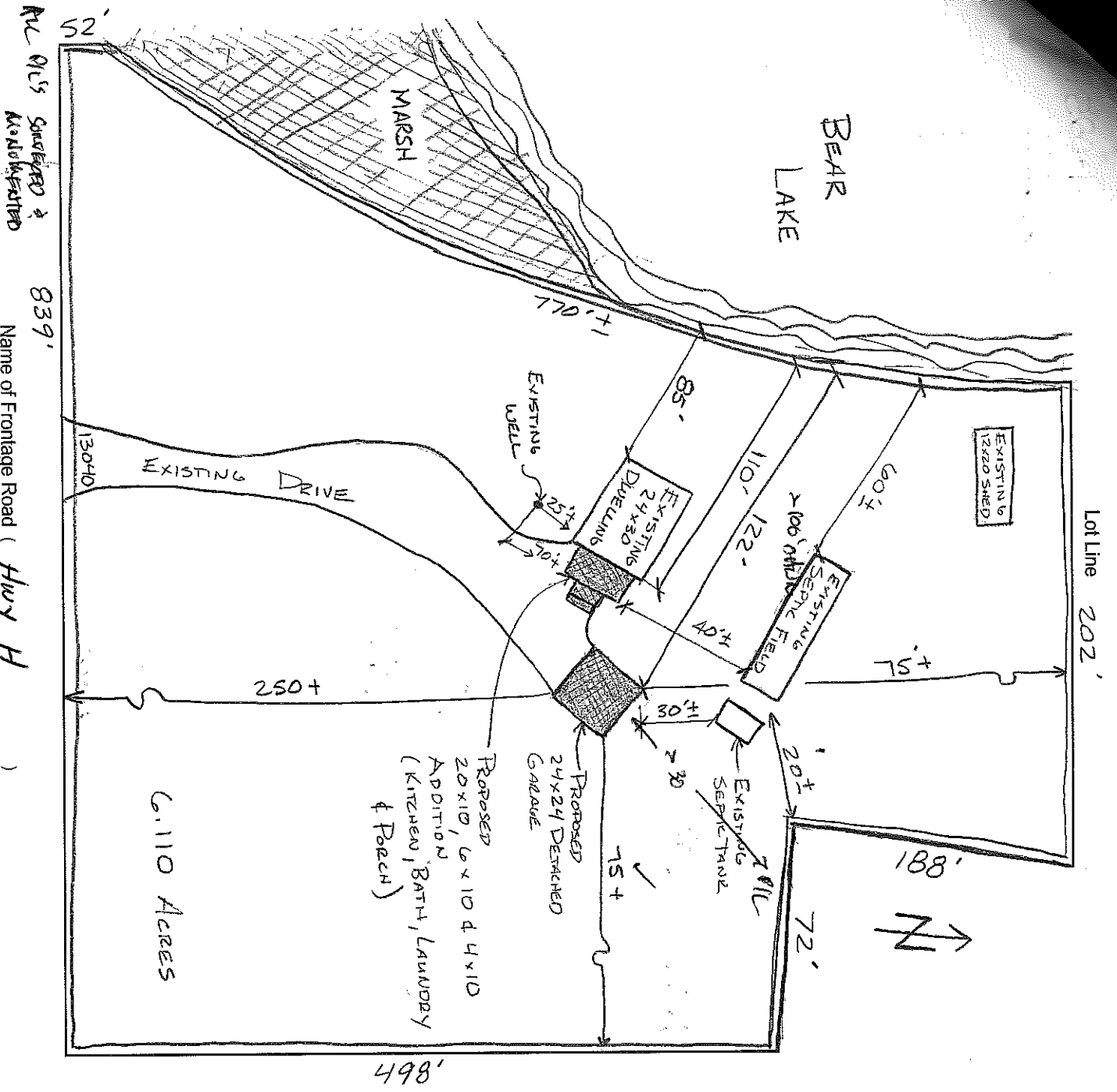
AUG 2 2011

Secretarial Staff

Signed [Signature] Inspector _____ Date of Approval 7-26-11

Perch requires add'l permit.





All Old Structures & Additions 839'
 Name of Frontage Road (Hwy 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.