

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 01 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0080
 Date: 8/17/2011
 Zoning District: R-1/CASS2
 Amount Paid: 25.00

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: W 1/4 OF S 1/2 OF NE 1/4 OF NW 1/4 AND NW 1/4 OF S 1/2 OF NE 1/4 NW 1/4 1/4 of Section 18 Township 46 North, Range 7 West, Town of DELTA

Gov't Lot _____ Lot _____ Block _____ Subdivision 016-1635-06SM # _____ Acreage 5.250

Volume 681 Page 66 of Deeds Parcel I.D. _____

Property Owner CASIMIR + DENNA KOBESSILCO Contractor OWNER (Phone) 815-679-8019

Address of Property 13375 SCENIC DR Plumber _____

JEAN RIVER WI. 54847 Authorized Agent _____ (Phone) _____

Telephone 815-679-8019 (Home) SAME (Work) Written Authorization Attached: Yes No

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 Basement: Yes _____ No Number of Stories 2

Fair Market Value _____ Square Footage 24224-576 Sanitary: New N/A Existing Privy _____ City _____

USE: _____ Type of Septic/Sanitary System REPAIRS 2005

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

Residence sq. ft. _____ Commercial Principal Building _____

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

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

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

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

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

Residential Other (explain) CAR AGE 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) Denim Aldeyko (Cass) Date 7/1/11
 Address to send permit 13375 SCENIC DR JEAN 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 _____
 Permit Number 11-0080 Permit Denied (Date) _____

Reason for Denial: _____

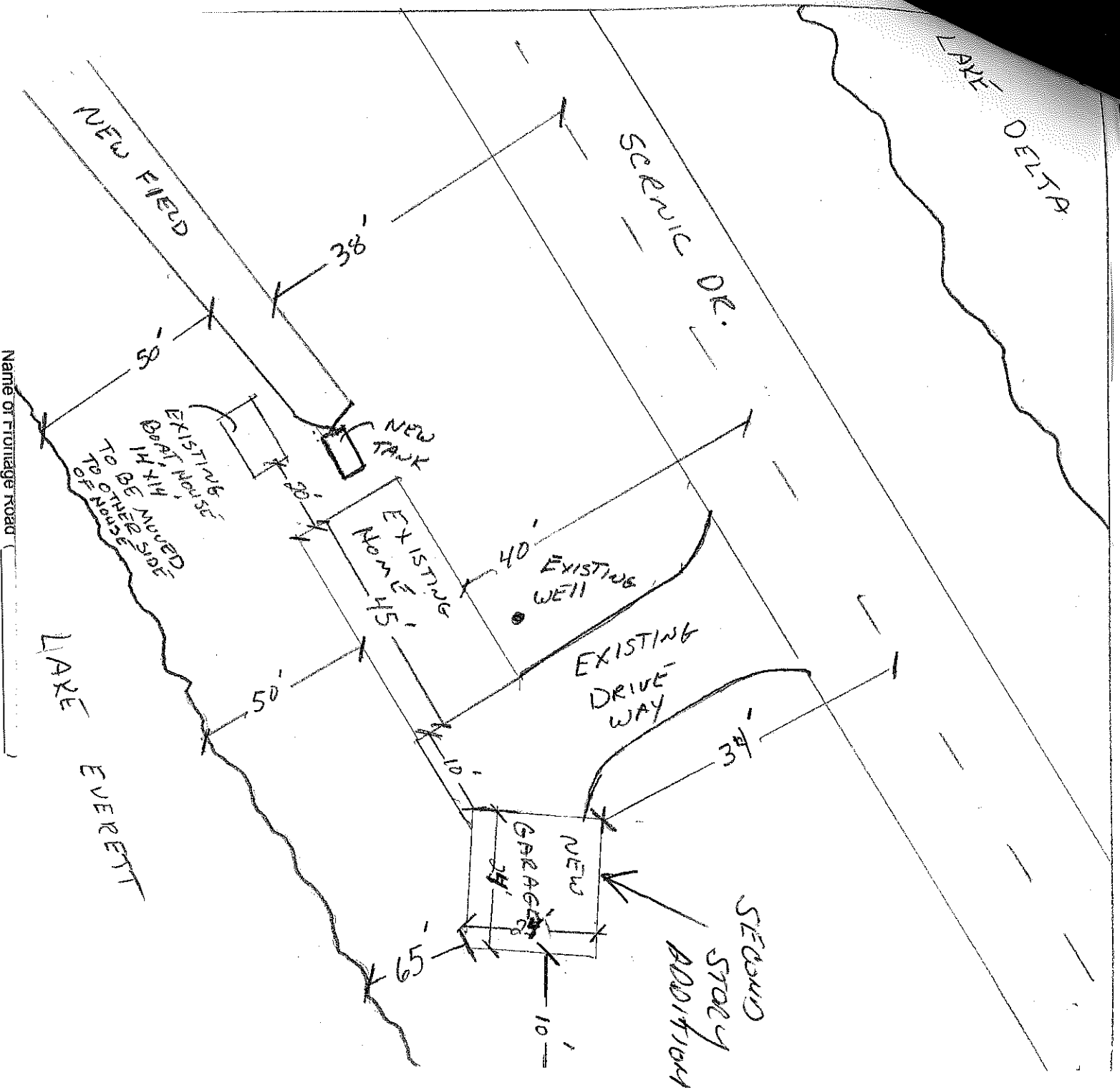
Inspection Record: RESIDENTIAL INSPECTION OF STRUCTURE REMITTED BY VARIANCE (05-018) NO RESTRICTIONS ON ARCHITECTURAL VARIANCE PERMIT WAS BY DR Date of Inspection 7-24-11
 Variance (B.O.A.) # 05-018

Mitigation Plan Required: Yes No
 Condition: Structure was not as indicated to a municipality through success Record for Issuance

* Pending a memo/letter from signed DR Compliance - 7-25 Secretarial Staff
DR Date of Approval
DR Date of Approval
DR Date of Approval

NON-Compliance of B.O.A. condition # 2
NOTE to file - Review of this B.O.A. Request
Backhouse removed





Name of Frontage Road _____

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.