

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
 SEP 21 2011

Bayfield Co. Zoning Dept.

Application No: 11-0393
 Date: 10/18/11
 Zoning District: R-1 (Casey)
 Amount Paid: \$ 175.00 CAS
4/22/11

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.

CLASS A

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description
 Legal Description W 1/4 E 1/2 NE of NW 1/4 + W 1/2 of ENE of E NW 1/4 of Section 18 Township 46 North, Range 7 West, Town of DELTIA
 CSM # _____ Acreage 5.24

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ Parcel I.D. CP-016-2-44-01-08-1 01-000-4000
 Volume _____ Page _____ of Deeds _____

Property Owner CASIMIR + DONNA KOBESZKO Contractor QUWETA (Phone) 815-679-8019
 Address of Property 13375 SCENIC DR Plumber _____
 Telephone 815-679-8019 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

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 _____ Square Footage _____
 Basement: Yes _____ No Number of Stories _____
 Sanitary: New _____ Existing By privy City NEW IN 2005 GAMBROVA

Type of Septic/Sanitary System NEW IN 2005 GAMBROVA
 Mobile Home (manufactured date) _____
 Residential or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Residence sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) Short Term Lease
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) SHORT TERM LEASE 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) Donna Kobeszko (Casey) Date 8/17/2011
 Address to send permit 26700 N HOUSTON WISCONSIN IL 60084 Date _____

* 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 10/18/11 Permit Number 11-0393 Permit Denied (Date) _____

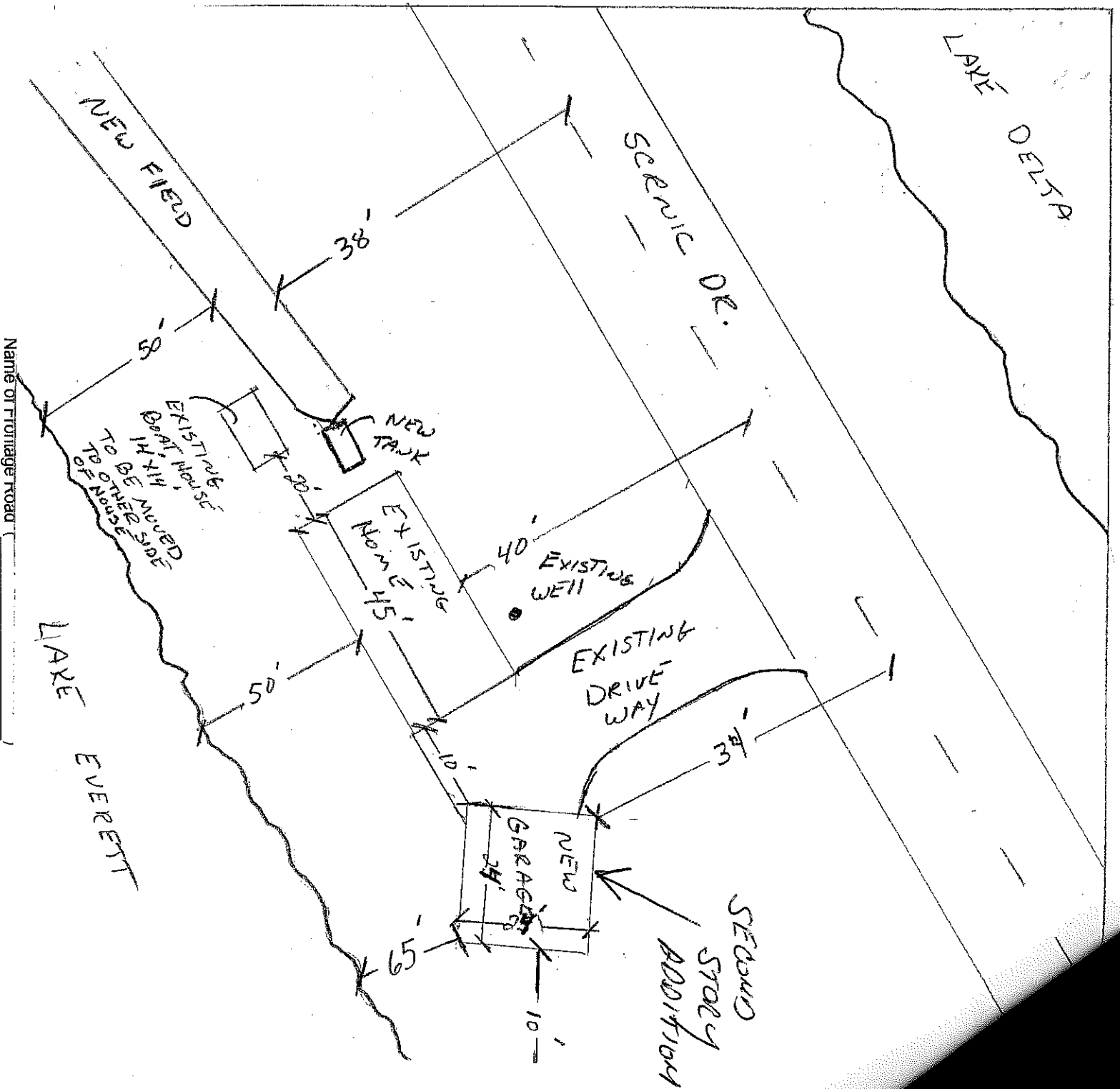
Reason for Denial: _____
 Inspection Record: RESIDENTIAL STRUCTURE w/ NEW COMPOST POTS, THIS WITH AN OVERSIGHT ARISING FROM SHORRY WORK
 BY DEC Date of Inspection 1-19-11

Mitigation Plan Required: Yes No
 Condition: A Result from the BAYFIELD COUNTY DEPT. for A "SHORT TERM LEASE" HOUSE IS ALSO REQUIRED PERMITS TO INVESTIGATION OF THIS PARCELS USE.
 Variance (B.O.A.) # _____

OWNER IS CURRENTLY LITIGATING THE SITE FOR VARIANCE
 Signed [Signature] Date of Approval 9-27-11
 Inspector/Recorder for Issuance _____

Secretarial Staff

ENTERED



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.