

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
 RECEIVE
 MAY 06 2008

ENTERED

Application No.: 08-0106
 Date: _____
 Zoning District: R-4
 Amount Paid: \$75.00 RDS
S/6108

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

Legal Description: 949 1/4 of 33 Township 45 North, Range 7 West, Town of Drummond
946 Lot 314 Block _____ Subdivision of Drummond CS# _____ Acreage .81

Volume 743 Page 473 of Deeds Parcel I.D. # 018-1160-08 Use Tax Statement for Legal Description _____

Property Owner Ted Olson et al Contractor self (Phone) _____
 Plumber _____
 Authorized Agent _____ (Phone) _____

Address of Property 52600 Rust Ave
Drummond, WI 54833

Telephone 873-371 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition Existing _____

Estimated Cost of Construction \$1,500 Square Footage 500 Sanitary: New _____ Existing _____ Privy _____
 USE: 12x33 (# of bedrooms) _____

* 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) deck

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (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) Jeff Olson Date 5-2-08
311 Taylor Lane, Stoughton, WI 53589
Ted Olson

Address to send permit _____ ATACH
 Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____

Date 5/6/08 Permit Number 08-0106 Permit Denied (Date) _____

Reason for Denial: _____

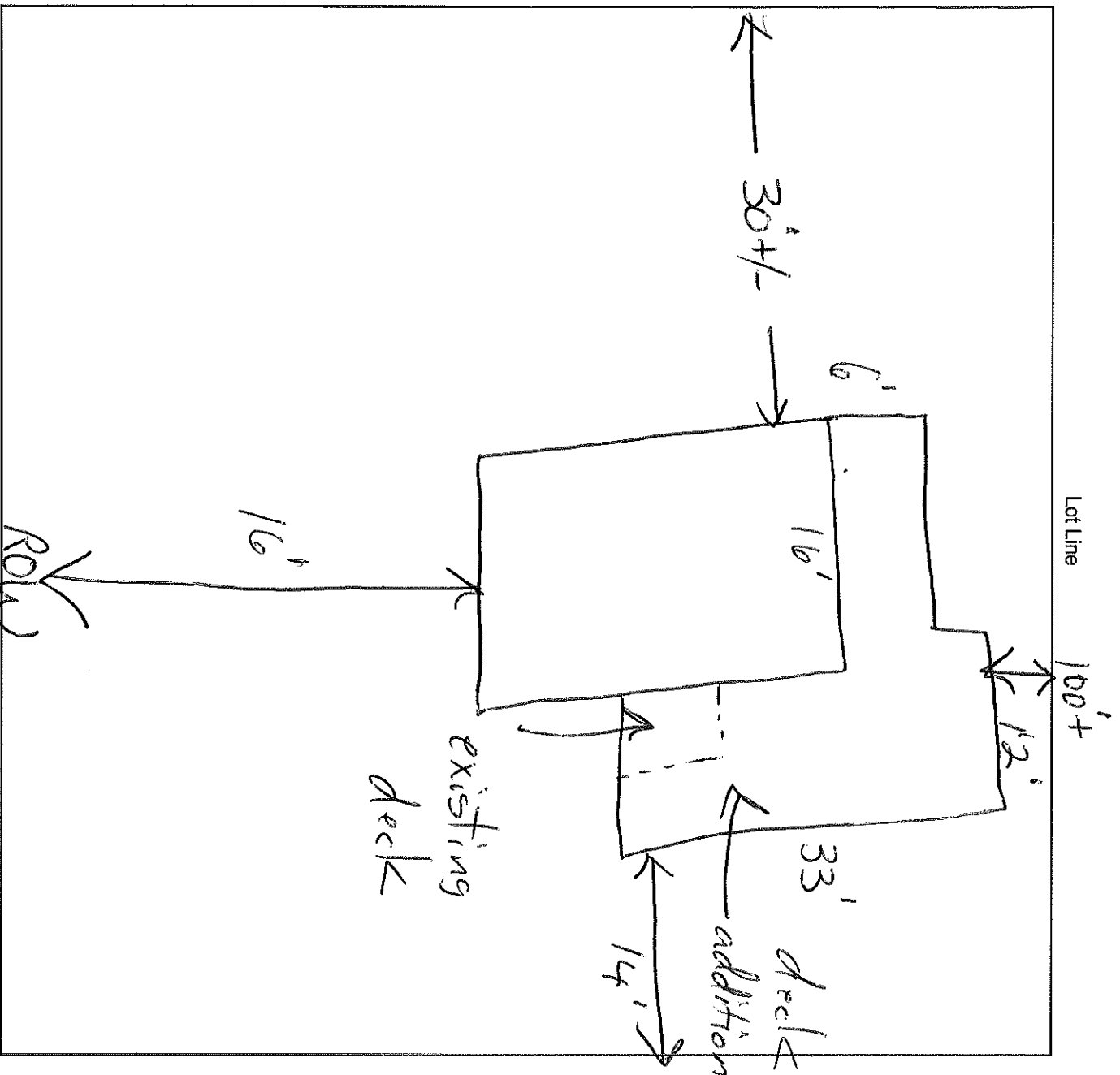
Inspection Record: Well staked. Meets all setbacks. Property lines per owner's representations. By M. Fustak Date of Inspection 5-2-08

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

Condition: _____

Signed Michael Fustak Inspector _____ Res. Date of Approval 5-5-08
 MAY 06 2008

John + Susan Deneen, Jeff + Julie Rice Secretarial Staff



Name of Frontage Road (Rust Ave)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.