

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

Application No.: 09-0302
 Date: _____
 Zoning District: F-1
 Amount Paid: \$25,000
7/19/09 \$775 mg

RECEIVED
 JUL 09 2009

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: W 1/2 SE 1/4 of SE 1/4 of Section 18 Township 44 North, Range 7 West, Town of Drummond

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 9.472

Volume 923 Page 810 of Deeds Parcel I.D. 04-018-2-44-07-18-4 04-000-30000

Property Owner Robert + Karen Strain Contractor self (Phone) _____

Address of Property 19120 Blue Moon Rd Plumber n/a (Phone) _____

Drummond WI 54832 Authorized Agent n/a (Phone) _____

Telephone 715-634-0602 (Home) n/a (Work) _____

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

Structure: New Addition Existing _____
 Fair Market Value \$4435 Square Footage 20136' Number of Stories _____
 USE: _____

* Residence of Principal Structure (# of bedrooms) _____
 _____ (Work) _____

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) _____

Residential Accessory Building (explain) Storage

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) Robert Strain Date 7/2/09

Address to send permit 14823 W Nelson Lake Rd ATTACH _____
Hayward WI 54818 (If you recently 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 7/27/09 Permit Number 09-0302 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per owner

representations By M. Fritsch Date of inspection 7-23-09

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

Condition: Not to be used for human habitation. Rec'd for Issuance _____

_____ JUL 24 2009

Signed Michael Fritsch Secretarial Staff _____

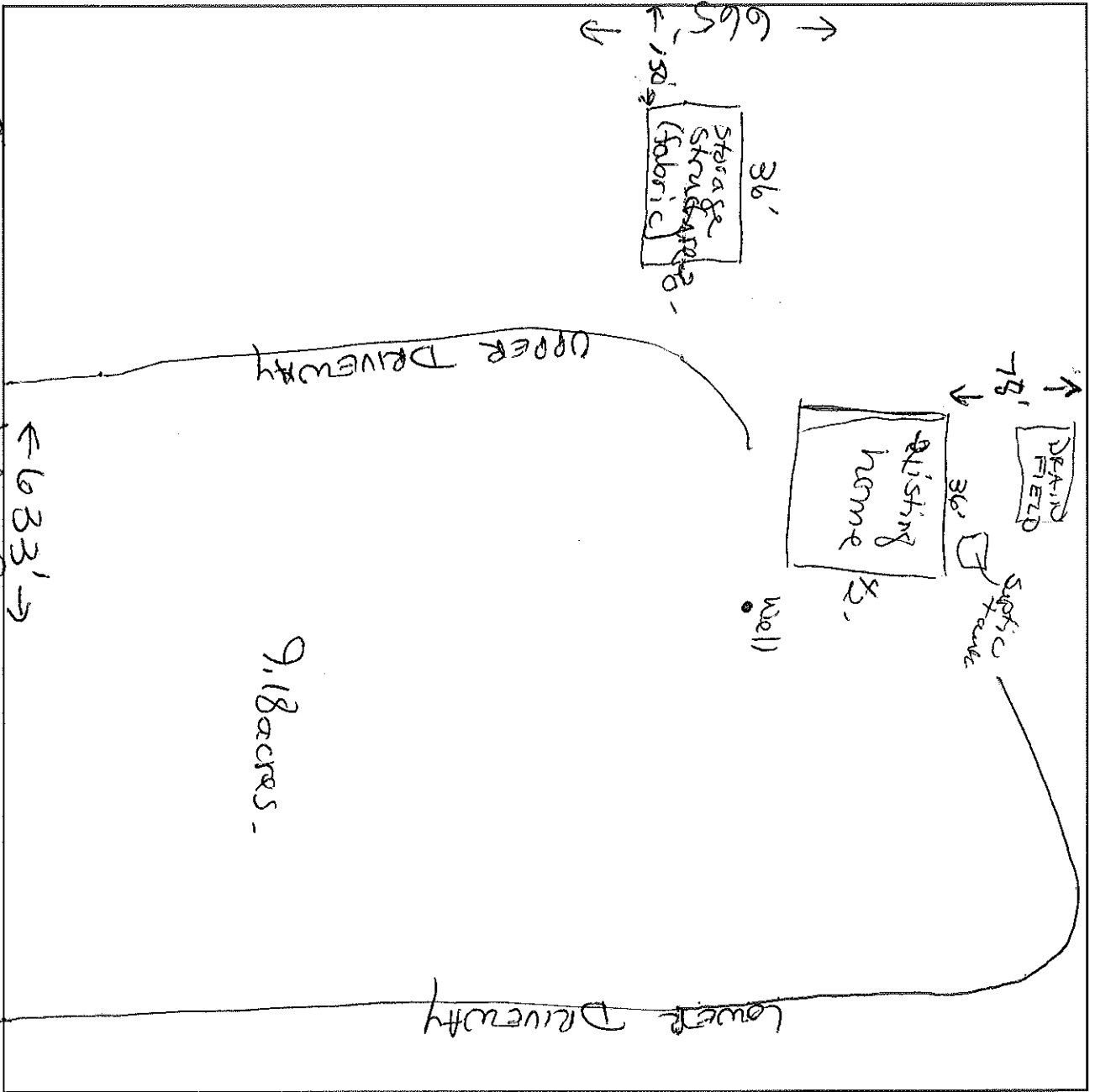
Inspector _____ Date of Approval _____

Dob Wadd Property

← 631' →

Lot Line

Thomas Thompson Property
← 666' →



Chagromagen Nadi's road Forest
Name of Frontage Road (Blue Moon Rd)

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.