

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
 SEP 28 2011

Bayfield Co. Zoning Dept.

Application No: 11-04109
 Date: 10/26/11
 Zoning District: R-1, Class 1
 Amount Paid: \$150.00 9-28-11
 ENTERED

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 SW 1/4 of SW 1/4 of Section 22 Township 44 North, Range 7 West, Town of Drumnond
 Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.113

Volume 754 Page 460 of Deeds Parcel I.D. 04-018-2-44-07-22-3 05-002-8000
 Property Owner WILLIAM J HARWARD Contractor Jim JEWERS (Phone) 715-798-3807

Address of Property DRUMMOND, WI 54832 Plumber _____
 Telephone 715 739 6364 (Home) 612 817 4484 (Work) Authorized Agent N/A (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 _____ Number of Stories 2
 Fair Market Value \$50,000 Square Footage 448 Sanitary: New _____ Existing Privy _____ City _____
 USE: _____ Type of Septic/Sanitary System DRUMMOND LIFT STATIONS

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____ Mobile Home (manufactured date) _____
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (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) DIVINUM, COBT, OFFICE Special/Conditional Use (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) _____ External Improvements to Accessory Building (explain) _____

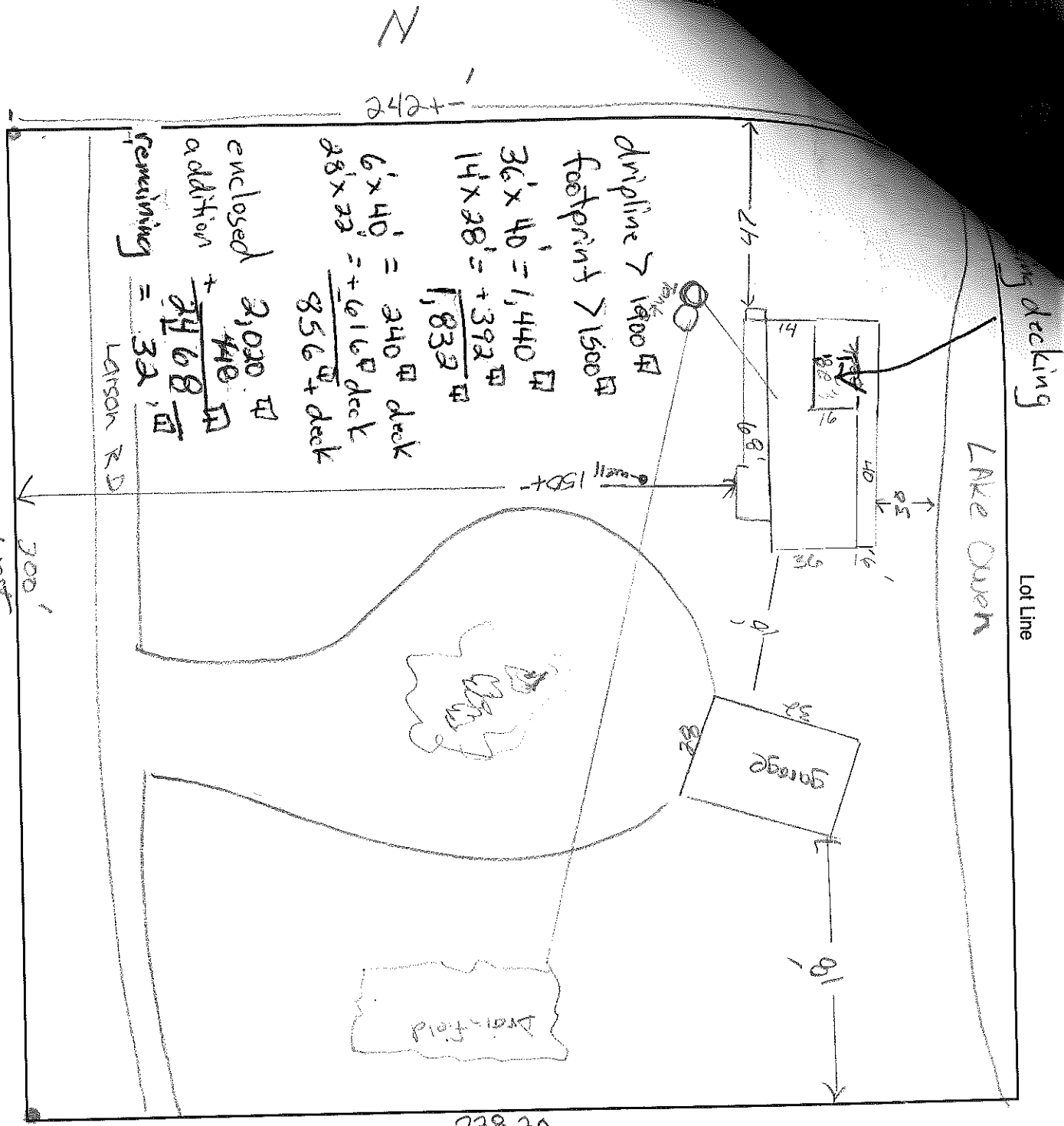
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) William J. Harward Date 27 Sept. 2011
 Address to send permit JEWERS CONSTRUCTION, INC. P.O. Box 274 CABLE, WI 54821 Copy of Tax Statement or ATTACH
mail affidavit to owners at P.O. Box 87, Drumnond, WI 54832 (if you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: State Sanitary Number 2597733 Date 10-16-95
 Date 10/26/11 Permit Number 11-0409 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Non-compliance structure. 40'-75' from OHLM
 By M. Furtak Date of Inspection 10-4-11

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: see mitigation affidavit.

Rec'd for Issuance OCT 24 2011 Signed Michael Furtak Date of Approval 10-5-11
 Secretarial Staff Inspector



- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- Show the location, size and dimensions of the structure.
- Show the location, size and dimensions of attached deck(s), porch(s) or garage.
- Show the location of the well, holding tank, septic tank and drain field.
- Show the location of any lake, river, stream or pond if applicable.
- Show the location of other existing structures.
- Show the location of any wetlands or slopes over 20 percent.
- Show dimensions in feet on the following:
 - Building to all lot lines
 - Building to centerline of road
 - Building to lake, river, stream or pond
 - Holding tank to closest lot line
 - Holding tank to building
 - Holding tank to well
 - Holding tank to lake, river, stream or pond
 - Privy to closest lot line

enclosed
 1,365 sq ft
 351
 304
 2,020
 448
 2,468 sq ft
 total

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.