

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 26 2013

Application No. 13-0009
 Date: 7-26-13
 Zoning District: R-4
 Amount Paid: \$75 72613

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
 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 _____ 1/4 of _____ 1/4 of Section 33 Township 45 North, Range 7 West, Town of Drummond
 Gov't Lot 946 Lot 97 Block _____ Subdivision _____ CSM # _____ Acreage .812
 Volume 743 Page 413 of Deeds Parcel I.D. 04-018-2-45-07-33-2 00-162 06000

Property Owner 984 Ted/Hov Olson - Jeff/Ilie Rice Sue Decker American Steel Corporation 816-730-9865
 Address of Property 53240 Rust Ave
Drummond, WI
 Telephone 888-873-3171 (Home) 888-516-5542 (Cell) 408-516-5542
 Pumber N/A
 Authorized Agent Ted Olson (Phone) 408-516-5542

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 1
 Fair Market Value \$240000 Square Footage 378
 Sanitary: New _____ Existing _____ Privy City ✓
 USE:
 * Residence or Principal Structure (# of bedrooms) 18' x 21'
 * Residence or Principal Building _____
 Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 * Residence w/deck-porch (# of bedrooms) _____
 Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Commercial Accessory Building (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Commercial Other (explain) _____
 Residential Accessory Building (explain) Storage Building
 Residential Accessory Building Addition (explain) _____
 External Improvements to Principal Building (explain) _____
 Residential Other (explain) _____
 External Improvements to Accessory Building (explain) _____

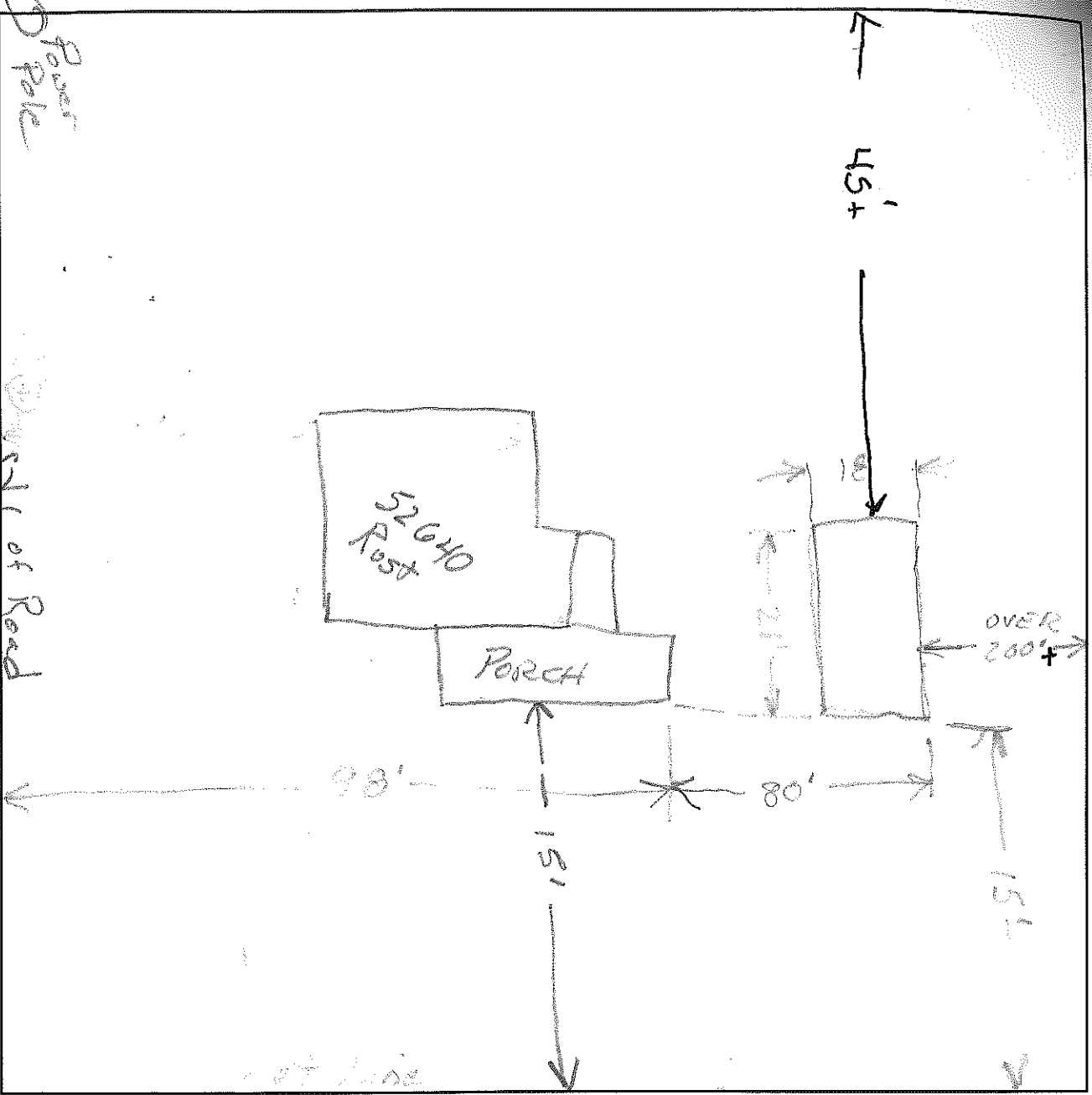
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 give access to the above described property at any reasonable time for the purpose of inspection.
 Owner or Authorized Agent (Signature) Ted Olson Date 7-25-13
 Address to send permit 311 Taylor Lane, Stoughton, WI 53589 ATTACH _____
 * See Notice on Back Copy of Tax Statement or (if you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 7-26-13 Permit Number 13-0009 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: Well staked. Mats all set back. Property line on owner's
Apurmativis. By M. Tuttle Date of Inspection 7-25-13
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: May not be used for human habitation. No water under
pressure in structure.

Rec'd for Issuance JUL 26 2013 Signed Michael Tuttle Date of Approval 7-26-13
 Secretarial Staff Inspector

Lot Line
DARK Avenue



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.
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.