

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
 APR 21 2008
 Bayfield Co. Zoning Dept.

Application No. 08-0091
 Date: _____
 Zoning District AG-1
 Amount Paid: \$75.00 POS
4/23/08

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.

Private Interceptor

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

Legal Description NW 1/4 of SW 1/4 of Section 28 Township 47 North, Range 05 West, Town of Eilsen

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 947 Page 569 of Deeds Parcel I.D. # 07-020-015958 020-1059-04
 Use Tax Statement for Legal Description

Property Owner Rebecca A Campbell/James E. Bohn Contractor SAF (Phone) _____

Address of Property 65380 Colby Rd. Plumber David Blakeman

Call - 209-1618
 Ashland, WI 54806 Authorized Agent N/A (Phone) _____

Telephone 715746-2750 (Home) 715682-6619 (Work) Written Authorization Attached: Yes No

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

Estimated Cost of Construction 23,000 Square Footage 1060 Sanitary: New _____ Existing _____ Holding Tank _____ City _____

USE: 6-4012-00 - Gravel System

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ * 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) Gas and Heating System Special/Conditional Use (explain) _____

Residential Accessory Building (explain) Garage/Woodshop External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) [Signature] Date 4/21/08
 Address to send permit 65380 Colby Rd, Ashland WI 54806 Copy of Tax Statement ATTACH

* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number 06-2559 Date 11/07/2006

Date 4/25/08 Permit Number 08-0091 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Owner present @ time of inspection

Verified property lines and By Travis Tubowitzky Date of inspection 4/24/2008

bldg. location. There will be running water in the bldg.; private interceptor required.

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

Condition: No human habitation.

Signed Travis Tubowitzky 4/24/2008 Date of Approval

Inspector _____ Rec'd for Issuance

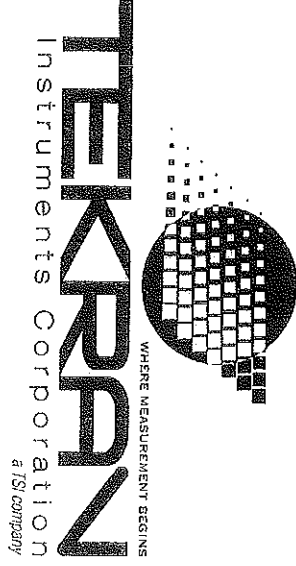
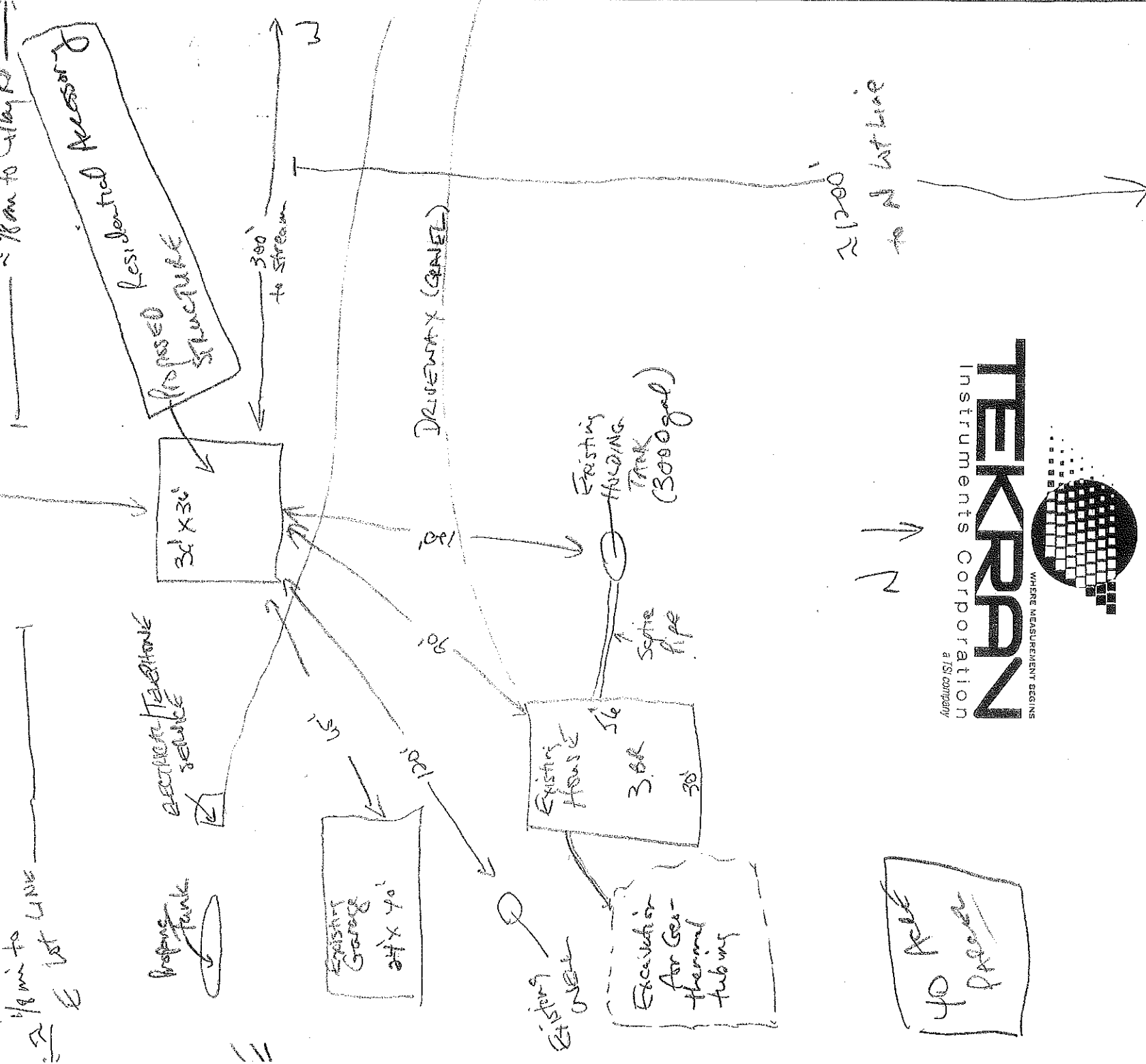
APR 25 2008

Secretarial Staff

ENTERED

Campbell/Born
65380 Colby Rd
Fond du Lac, WI 54806

RESIDENTIAL ACCESSORY BLDG + GEOTHERMAL HEATING/COOLING SYSTEM



40 feet
Pressure