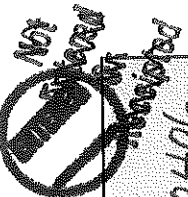


Class A TBA 125.00 Res



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 AUG 14 2009 Bayfield Co. Zoning Dept.

Application No.: 09-0406 Date: AG-1 Zoning District: Amount Paid: 840 - 01/1/09 TBA 175-4685-1M8

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: [X] SANITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [X] Class A B.O.A. [] OTHER []

Legal Description: 1/2 of W1/2 NW 1/4 of SE 1/4 of Section 13 Township 48 North, Range 5 West, Town of BARKSDALE Gov't Lot: Lot Block: Subdivision: 1022-271 880 880 of Deeds Parcel I.D. 04-052-2-48-05-13-402-000 Volume: Contractor: Arnie Mackey Cost: (Phone) 715-682-9128 Property Owner: Charles + Jennifer Sander Plumber: Brown Plumbing + Heating Address of Property: XXXXX Wedel Rd., Washburn, WI 54891 Authorized Agent: Charles Sander (Phone) 715-292-4685

Telephone: 715-292-4685 (Home) (Work)

Is your structure in a Shoreland Zone? Yes [] No [X] If yes, Distance from Shoreline: greater than 75' [] 75' to 40' [] less than 40' []

Structure: New [X] Addition [] Existing [] Fair Market Value: 280,000 Square Footage: 3,533

Basement: Yes [X] No [] Existing [] No [] Number of Stories: [] Privy: [] City: H.T. Sanitary: New [X] Existing [] Type of Septic/Sanitary System: Septic Tank w/ Drain Field

- [X] * Residence or Principal Structure (# of bedrooms) _____ Residence sq. ft. _____
[X] * Residence w/deck-porch (# of bedrooms) 2 Residence sq. ft. 1992 Porch sq. ft. 180 Deck sq. ft. 357 Deck(2) sq. ft. 60
[X] * Residence w/attached garage (# of bedrooms) 2 Residence sq. ft. 1992 Garage sq. ft. 994
[] Residential Addition / Alteration (explain) _____
[] Residential Accessory Building (explain) _____
[] Residential Accessory Building Addition (explain) _____
[] Residential Other (explain) _____

- [] Mobile Home (manufactured date) _____
[] Commercial Principal Building _____
[] Commercial Principal Building Addition (explain) _____
[] Commercial Accessory Building (explain) _____
[] Commercial Accessory Building Addition (explain) _____
[] Commercial Other (explain) _____
[] Special/Conditional Use (explain) _____
[] External Improvements to Principal Building (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): [Signature] Date: 8-14-09
Address to send permit: 615 Chepple Ave Ashland, WI 54806 ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number: 09-1155 Date: 9/09/2009
Date: 9/15/09 Permit Number: 09-0406 Permit Denied (Date)
Reason for Denial:
Inspection Record: Proposed structure location well sketched. West property line needs to be surveyed and navigability determination needed by DNR. 8-27-09 stream determined to be non-navigable according to Travis Tellowitzky Date of inspection 8/24/09
to John S. w/DNR, note the stream is evolving and may become navigable in the future.
Mitigation Plan Required: Yes [] No [X] Variance (B.O.A.) # _____
Condition: _____
Signed: [Signature] Inspector Date of Approval: 9/10/2009
Rec'd for Issuance

SEP 11, 2009

Secretarial Staff

(All dimensions are approximate)

WEDAL RD.

330'

245'

150'

950'

90'

111'



INTERMITTENT
STREAM

SLOPE
OVER
300'S



Survey
Corner

NO
WELL

DRINK
FIELD

* Non-navigable
No Detention
on 8-27-2008
and 8-27-2009

