

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

MAY 19 2010

Application No.: 10-0464
 Date: _____
 Zoning District: AG-1/Ch-333
 Amount Paid: _____

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 NW 1/4 of NE 1/4 of Section 29 Township 47 North, Range 5 West, Town of Siltan

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
 Volume 548 Page 161 of Deeds Parcel I.D. 04-020-2-47-05-29-1 02-000-10000

Property Owner William & Denise Marweel Contractor _____ (Phone) _____
 Address of Property 65880 Curry Rd Plumber _____
Mason WI 54854 Authorized Agent _____ (Phone) _____

Telephone 715 746 2332 (Home) same (Work) _____
 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 _____
 Fair Market Value _____ Square Footage _____
 USE: _____

- * Residence or Principal Structure (# of bedrooms) _____
 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) _____
- Residential Accessory Building Addition (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) William Marweel Date 5-19-10

Address to send permit _____ ATACH _____
 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 11/13/10 Permit Number 10-0464 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: 6/14/2010: Met with Bill Marweel + Rick Larson on-site to inspect the area of the Aquaculture facility and verify stream setbacks. 6/17/2010: Return inspection of Johnsons Bay Driv to verify there were no wetland issues. By Travis Telowitz Date of inspection 6/14/2010 to 6/17/2010 and any pond permitting requirements. This permit is for the use only and not for the structure.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____
 Signed Travis Telowitz Inspector Date of Approval 5/25/2010
 Rec'd for Issuance _____

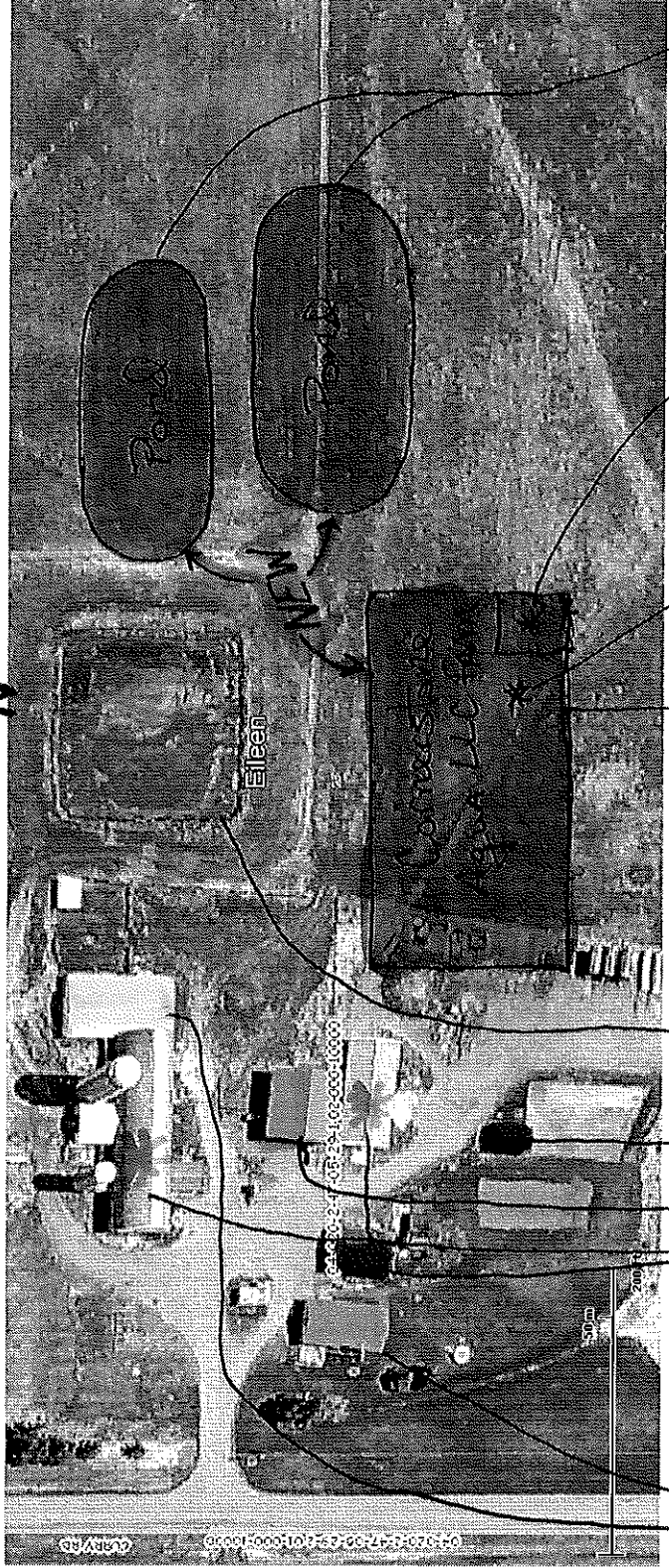
NOV 19 2010

Secretarial Staff



Flex Viewer

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→ Housing
5-6 people

→ Bee's

→ Fish Waste
MANURE

→ Chicken Coop

→ grace garage

→ Storage (unsure)

→ RAISE & PROCESS THE
FISH

→ 240 ft x 640 ft

→ Ponds to
recirculate the
water
(manure of Sige)