

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

MAR 31 2010

Application No: 10-0083
 Date: _____
 Zoning District: R-1/class 1
 Amount Paid: \$330 3/31/10

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: _____ 1/4 of Section 7 Township 48 North, Range 4 West, Town of Bar Kskdale
 Gov't Lot 3 Lot 2 Block _____ Subdivision _____ CSM # 544 Acreage 1.40
 Volume X1027 Page 88 Parcel I.D. 04-002-2-48-04-07-3 05-003-90000
 Property Owner Kurt and Joan Whitman Contractor Eric Schmidt (Phone) 715-209-8208
 Address of Property 74240 Lake Shore Drive Plumber Not Assigned Yet
Washburn, WI 54891 Authorized Agent _____ (Phone) _____

Telephone 262-782-8316 (Home) 414-640-6693 (Work)
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition _____ Existing _____
 Fair Market Value 110,000.00 Square Footage 1,254
USE: _____ + 147 sq deck
 * 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) Garage, Bedroom, Bath
 Residential Accessory Building (explain) Closet, Deck
 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) [Signature] Date 3/28/2010
 Address to send permit 17685 Green Isle Ct., Brookfield, WI 53045
 * See Notice on Back
 Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 69844 Date 9/25/1985
 Date 4/19/10 Permit Number 10-0083 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: The proposed addition was staked and appears to meet all code requirements. The proposed decks as currently proposed do not meet the setback to the top of bluff. The owner has been notified and will submit a revised site plan. By Travis Talaritaky Date of inspection 4-08-2010 Stream on south end of property was determined to be non-navigable in 2008 by DWR.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Properly install silt fence along the East (lake side) and south side of proposed addition before excavating or fill is placed.
 Signed Travis Talaritaky 4-19-2010
 Inspector Rec'd for Issuance

APR 19 2010
 Secretarial Staff