

- ATF -

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
SEP 02 2008
Bayfield Co. Zoning Dept.

Application No. 08-0488
Date: _____
Zoning District F-1/2
Amount Paid: 75.
\$150 = (ATF # 75. mg)
9-11-08

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.

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

Use: Tax Statement for Legal Description
Legal Description: _____ 1/4 of Section 2E Township 47 North, Range 5 West, Town of ARKHITES
Gov't Lot 6 Lot 1 Block _____ Subdivision _____ CSM # 1355 Acreage 2.90
Volume .8 Page 171 of Deeds Parcel I.D. C22-1071-03

Property Owner ROBERT & CATHY NIELSEN Contractor ROBERT NIELSEN (Phone) 715-372-8066
Address of Property 5065 LAKE AHMEEK ROAD Plumber _____

IRON RIVER 54847 Authorized Agent _____ (Phone) _____
Telephone 715-372-8066 (Home) _____ (Work) _____
Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No if yes.
Structure: New Addition _____ Existing _____
Fair Market Value 2,000 Square Footage 32 x 10 Basement: Yes _____ No Number of Stories 1
USE: _____ Existing _____ Privy _____ City _____

- * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. 1014 Type of Septic/Sanitary System LIFT TANK, LEACH FIELD
 * Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) Garage
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

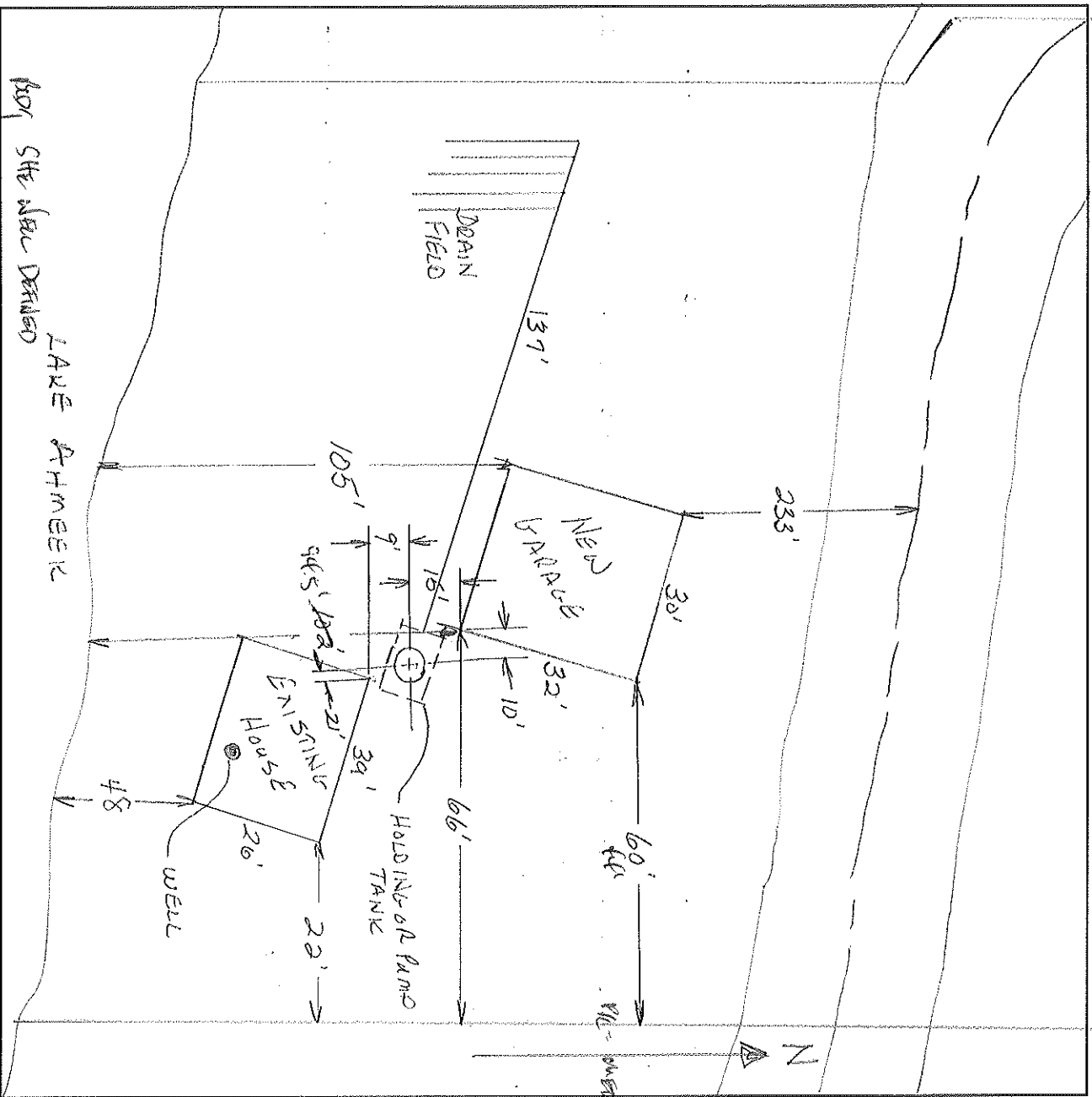
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) Robert Nielsen Date 9/2/08
Address to send permit 5065 LAKE AHMEEK ROAD ROBERT NIELSEN ATTACH _____

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
Copy of Tax Statement or
(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 9-11-08 Permit Number 08-0488 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & PERMIT MAY BE ISSUED By DOC Date of Inspection 9-9-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Building UNDER CONSTRUCTION Signed [Signature] Inspector _____
Date of Approval 9-9-08
Rec'd for Issuance _____

Lot Line



BOY SITE W/AL DRAINED
 BUDDY SITE W/DRINKY
 LAKE AHMEEK
 Name of Frontage Road (LAKE AHMEEK ROAD)

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 tank, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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 25 2008
 Bayfield Co. Zoning Dept

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.

ENTERED

Application No.: 08-0490
 Date: 8-11-08
 Zoning District: F-1/-
 Amount Paid: \$825.00
\$75.00 PDS

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Legal Description W 1/2 1/4 of SW 1/4 NE 1/4 of Section 19 Township 417 North Range 9 West Town of Hughes
 Gov't Lot _____ of _____ Block _____ Subdivision _____ CSM # _____ Acreage 2.0
 Volume _____ Page _____ of Deeds _____ Parcel I.D. # 62-1054-08 Use Tax Statement for Legal Description _____

Property Owner KENNETH ANDREY POTTSLER Contractor SELF (Phone) 715-372-51974
 Address of Property 66730 Wills Road Plumber _____
Brookview, WI 54820 Authorized Agent _____ (Phone) _____

Telephone 715-372-4974 (Home) _____ (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 _____ Basement: Yes _____ No Number of Stories 1
 Estimated Cost of Construction 800 Square Footage 72 Sanitary: New _____ Existing Privy _____ City _____
USE: CONVERSIONAL

- * 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) Basement Entry
- 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 8/11/08
 Address to send permit 66730 Wills Rd. Brookview WI 54820 ATTACH Copy of Tax Statement

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

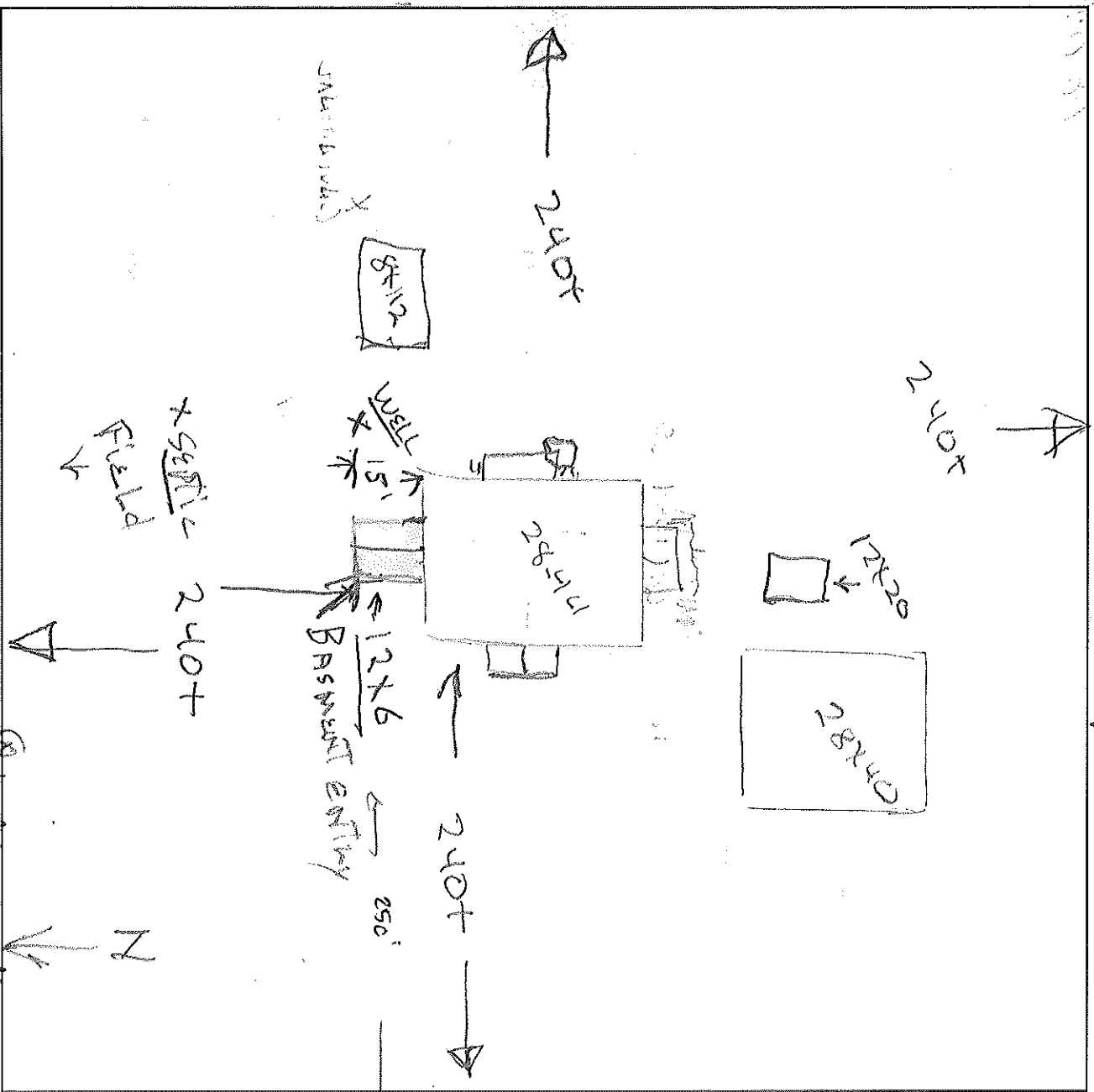
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
 Date 9-11-08 Permit Number 08-0490 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record SPURIAL SEPTARS/CONDITIONS AS FORSEATED BY ANKA APPEARS TO MEET CODE
POINTS - PERMIT MAY BE ISSUED BY DDC Date of Inspection 9-9-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector _____ Date of Approval 9-9-08
MANUELA CONTRATION SEP 11 2008 Secretarial Staff

South

Plus 10, Lot Line

20 FEETES APPLICABLE



Name of Frontage Road (Wills)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.