

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
 DEC 14 2010

Bayfield Co. Zoning Dept.

Application No.: 11-0083
 Date: 5/6/11
 Zoning District: C2
 Amount Paid: \$250.00 EDS
12/21/10

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: S 1/2 SE 1/4 of SE 1/4 NE 1/4 of Section 12 Township 47 N Range 9 W West. Town of Holmes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # 04-022-247-05-12-1-04-000-10000 Acreage 95

Volume _____ Page _____ of Deeds _____ Parcel ID: (Muller) Contractor _____ (Phone) _____

Property Owner Patricia Hood (Muller) SWS Plumber Brian Mattingly

Address of Property Ranger Line Road Trois Alas MI 49847 Authorized Agent M. & L. Services (Phone) 682-5528

Telephone _____ (Home) _____ (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 _____

Fair Market Value 80,000 Square Footage 111 Sanitary: New _____ Existing _____ Privy _____ City _____

USE: _____ Type of Septic/Sanitary System MS _____

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

Residence sq. ft. _____ Commercial Principal Building _____

Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) 30,000 sq Propane Storage

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

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

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

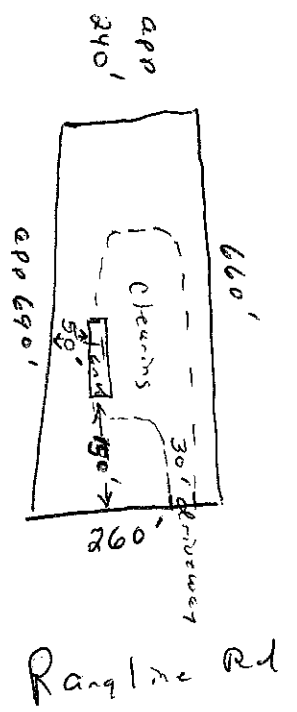
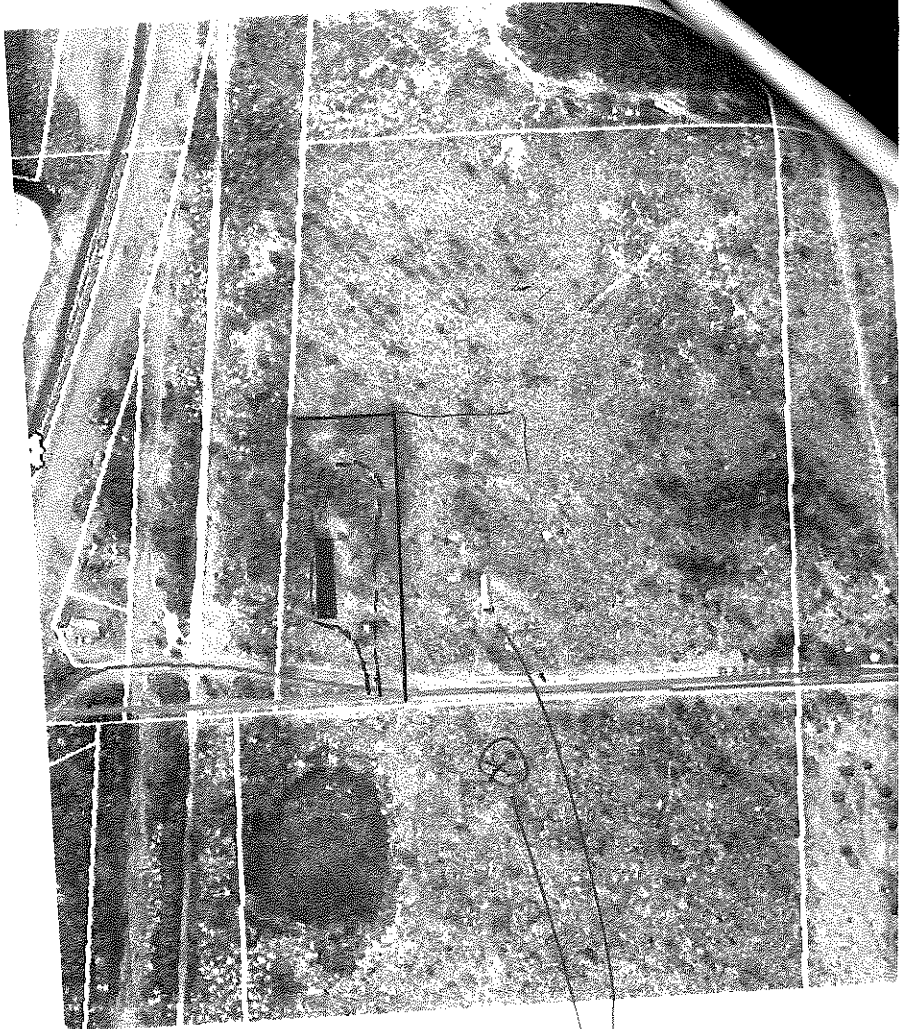
Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT 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) B. Hood Date 12/16/10
 Address to send permit c/o Midland Services, P.O. Box 500, Ashland, Wis 54806 ATTACH
 Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

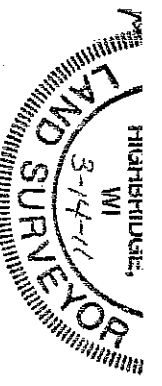
APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 5/6/11 Permit Number 11-0083 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Compliance Zoned Area Adjacent to 1st Priority to Unsanitary Operations
Approval forwarded to North BY DR Date of Inspection 5-3-8-11
about why the issued permit CSM # Z.C. APPROV Variance (B.O.A.) # _____
 Mitigation Plan Required: Yes No

Condition: A certified survey is required (CSM)
 Signed [Signature] Inspector _____ Date of Approval 4/21/11



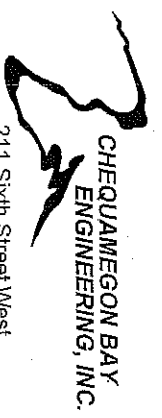
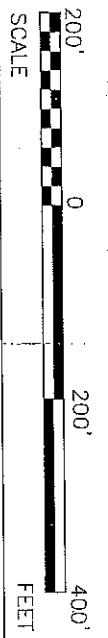
<http://www.bayfieldcounty.org/gis-bin/mapserv.exe?imgxy=145+133&imgbox=145+133+379+350&zoomsize=2&mode=browse&zoomdir=1&scale=&mapxy=0+...> 12/1



BEARINGS ARE BASED ON THE EAST LINE OF THE NORTH EAST QUARTER, TOWNSHIP 47 NORTH, RANGE 9 WEST ASSUMED TO BEAR NORTH 00° 11' 21" EAST.

LEGEND

- - 1.25" O.D. x 18" IRON PIPE SET WEIGHING 1.68 LBS PER LIN. FOOT
- - 1.25" O.D. IRON PIPE FOUND
- L1 - CURVE/LINE TAG LABEL (216,74)
- RECORDED BEARING/DIM.



211 Sixth Street West
P.O. Box 692
Ashland, Wisconsin

Phone (715) 682-6004
Fax (715) 682-6025
www.chedbayeng.com

A Service Disabled Veteran Owned Business
PROJECT NO. 10-0133