

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
 JUL 20 2009
 Bayfield County Zoning Dept.
ATF

Application No: 10-0338
 Date: _____
 Zoning District: _____
 Amount Paid: 75 - 7-21-09
8/10/09 \$75 ATF
mg.

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 SE 1/4 of NE 15 Township 48 North, Range S West, Town of Barkdale
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # 32
 Volume _____ Page _____ of Deeds Parcel I.D. 04-002-2-48-05-15-1 Acreage 04-000-30000

Property Owner Ronald A. Nemeo Contractor Self (Phone) _____
 Address of Property 73605 Orlowsson Rd Plumber _____
Washburn, WI 54891 Authorized Agent _____ (Phone) _____
 Telephone (715) 373-2013 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No **if yes.**
 Structure: New Addition Existing _____
 Fair Market Value 300,000 Square Footage 240'
 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) Deck
- Residential Accessory Building (explain) _____
- 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) Ronald Nemeo Date 7/20/09

Address to send permit _____ ATTACH
 Copy of Tax Statement or
 (If you recently purchased the property
 Attach a Copy of Recorded Deed)

* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE
 Permit Issued: State Sanitary Number 10-095 Date 8/25/10
 Date _____ Permit Number _____ Permit Denied (Date) _____

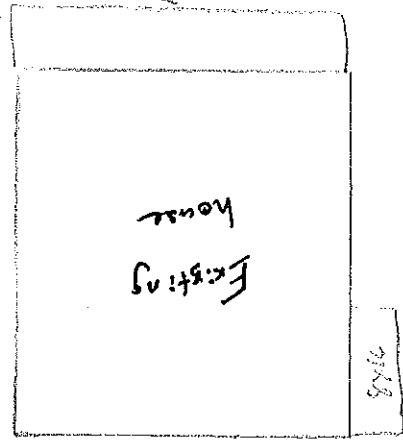
Reason for Denial: _____
 Inspection Record: Enforcement letter sent regarding new deck w/out permit. In the process of upgrading/replacing sanitary system, soil test completed. Travis Tuberville. Date of inspection 8/06/2007. Payment started for mound.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____
 Signed Travis Tuberville 8/30/2010 Date of Approval
 Inspector

N

1,057'

Deck →

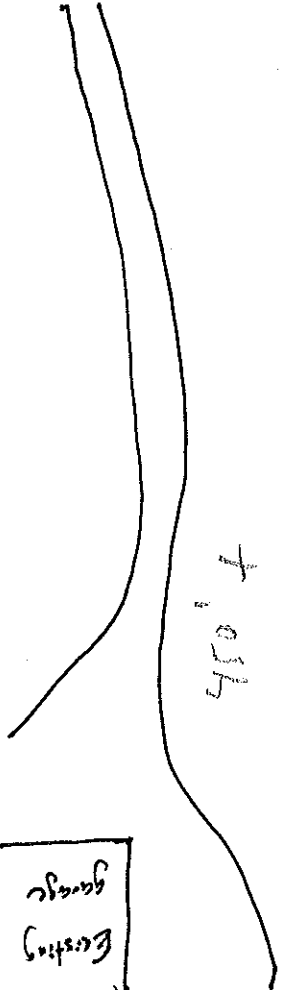
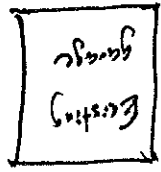


41x91

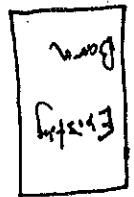
21x8

1500'

ONONDAGUS ROAD



1,057'



WEAVER RD

3

2