

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 20 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0176
 Date: 6-20-11
 Zoning District: F-1
 Amount Paid: \$3000.00 POS
\$175-189

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 SW 1/4 of NW 1/4 of Section 19 T4 R8. 47N North, Range 9 West Town of HOGHES TWP
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.8
 Volume V. 411 Page 393-448 Parcel I.D. 04-042-2-47-09-19-2 03-000-20000

Property Owner Michael & Roxann Mulward Contractor _____ (Phone) _____
 Address of Property SHORE GRABE RD Plumber Rayson Plumbing & Sewer
Hoghes Twp. Authorized Agent _____ (Phone) _____
 Telephone 715-879-5298 (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 49,000 Square Footage 1299 Basement: Yes _____ No Number of Stories 1
 USE: _____ Sanitary: New Existing _____ Privy City _____
 * Residence or Principal Structure (# of bedrooms) 3 1432 Type of Septic/Sanitary System 18" dia to sewer septic tank
 * Residence w/attached garage (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Deck(2) sq. ft. _____
 * Residence wide-deck-porch (# of bedrooms) _____
 Residence sq. ft. 28x44 Porch sq. ft. 200 (12x20)
 Deck sq. ft. 1432 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) _____
 External Improvements to Accessory Building (explain) _____
 External Improvements to Principal Building (explain) _____
 Special/Conditional Use (explain) _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 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) _____

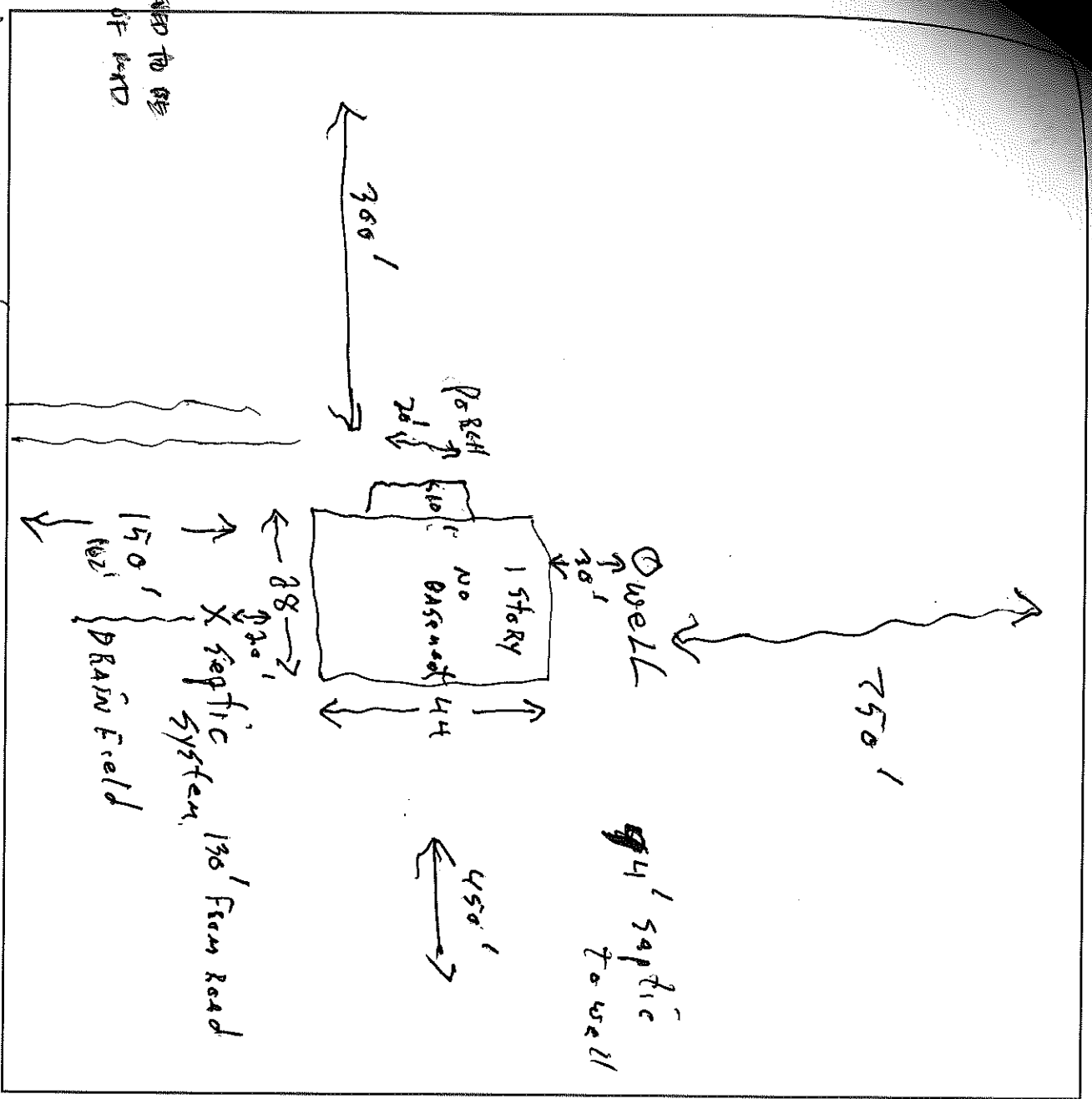
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) Michael Mulward Date _____
 Address to send permit N7395 1016th St. Elk Horn, Wisc. 54739

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number 11 285 Date 6-21-11
 Date 6-20-11 Permit Number 11-0176 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Sanitary/Coliforms is represented by color - Alerts to be code
Amount \$10. Permit may be based on coliforms
 Date of Inspection 5/31/11
 Mitigation Plan Required: Yes No
 Condition A violation Nuisance code (or) result from the noisy activities or noise
Remedy must be obtained first to the city or ordinance
 ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

Signature [Signature] Date of Approval 5/31/11
 Inspected by _____
 Signature [Signature] Date of Approval _____
 Inspected by _____
 Signature [Signature] Date of Approval _____
 Inspected by _____

NO ADJOINING PROPERTIES

Lot Line



PL = REQUIRED TO BE PAID BY OWNER

note: use stakes for utilities

Name of Frontage Road (SHORE GRADE RD)

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