

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 MAY 31 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0214
 Date: 7-12-11
 Zoning District: R-1
 Amount Paid: \$375.00 EDS
61211

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 _____ 1/4 of Section 26 Township 47 North, Range 9 West, Town of Waxharts

Gov't Lot 4 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 22.69

Volume 960 Page 762 of Deeds Parcel I.D. (022-1070-0300) (022-247-0974-2 05-04-0300)

Property Owner Michael & Jeanette Lang Contractor (to be verified) (Phone) _____

Address of Property 5640 Lake Alameck Road Iron River, WI Plumber Chad Ruchwite - Septic

Telephone 218-724-4754 (Home) 218-348-8284 (Work) Authorized Agent _____ (Phone) _____

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 2
 Fair Market Value 125,000 Square Footage 2748 Sanitary: New Existing _____ Privy _____ City _____
 USE: _____ Type of Septic/Sanitary System Onsite

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

Residence sq. ft. _____ Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____

* Residence w/ deck-porch (# of bedrooms) 3 144 (12x12) Deck sq. ft. Muldoon (12x12) sq. ft. 144
 Commercial Accessory Building (explain) _____

* Residence w/ attached garage (# of bedrooms) _____
 Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____
 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) [Signature] Date 5.31.11
 Address to send permit 2320 E. 3rd St Dubois, WI 55812 ATTACH _____

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 11-465 Date 4-22-11

Date 7-12-11 Permit Number 11-0214 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Quarantined septic/residuals as necessitated by water threats to the care
of building & old permit may be BY BOB W. CALDWELL Date of Inspection 6-11-11

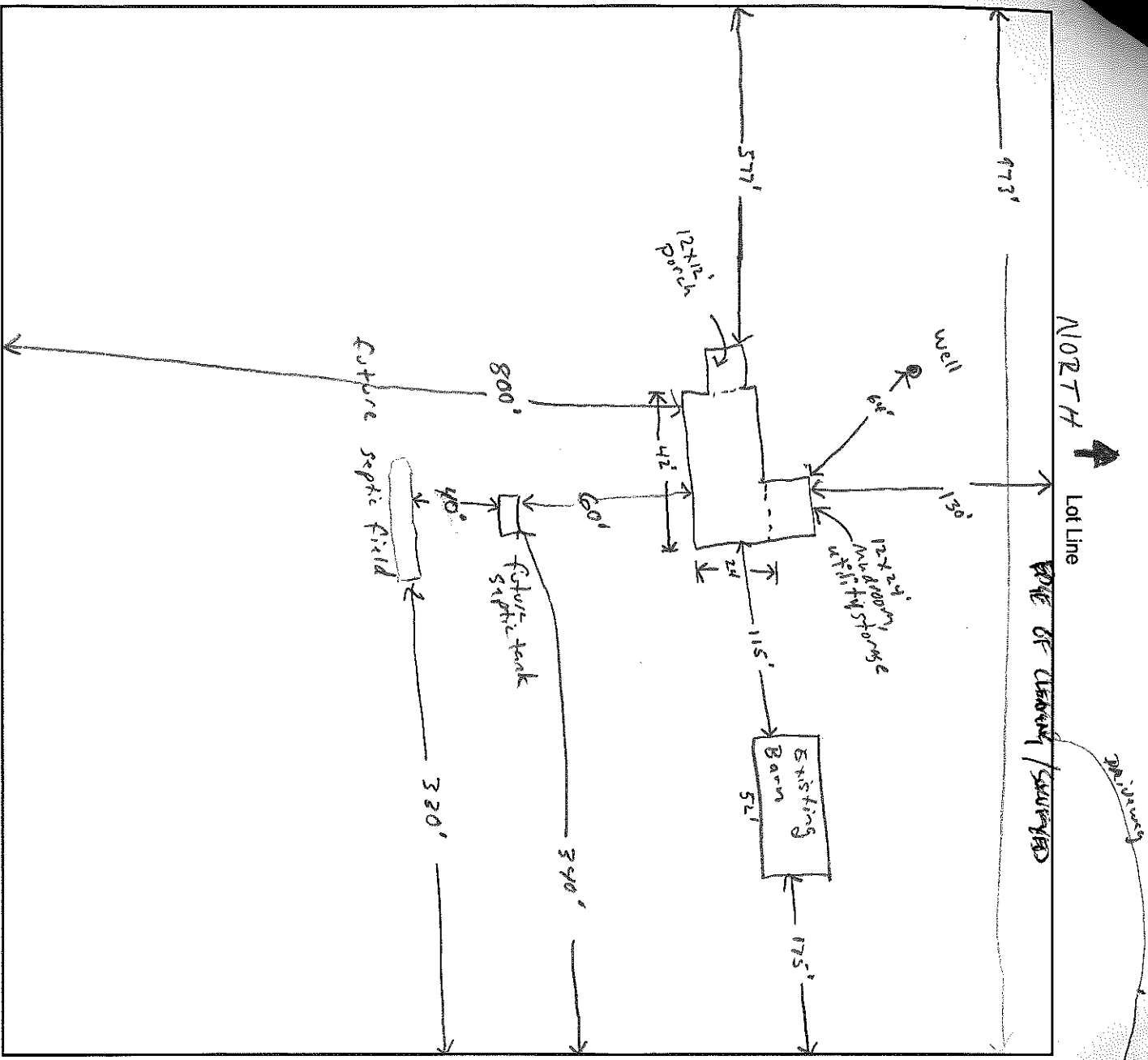
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: A water quality site (see) permit from the county authorized w/c inspection
Agency may be obtained prior to the start of construction

Signed [Signature] Date of Approval 6-14-11
 Inspector _____

John Prescott / Alex Smedley

ENTERED



Name of Frontage Road (Lake Awnak 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.