

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 55
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 JUN 27 2011

Application No: 11-0240
 Date: 8-1-11
 Zoning District: 1-1
 Amount Paid: \$75.00 PDS
6/27/11

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
 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 _____

Legal Description SU 1/4 of SE 1/4 of Section 7 Township 48 North, Range 9 West, Town of Hughes.

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 46

Volume _____ Page _____ of Deeds _____ Parcel I.D. 08-022-241-01-01-R-03-000-10000

Property Owner James R. Noble Contractor Self (Phone) _____

Address of Property P.O. Box 55 1900 Old 012052 Plumber _____

Telephone 372-5680 (Home) 372-6405 (Work) Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If Yes, _____

Structure: New _____ Addition Existing _____

Fair Market Value \$20,000 Square Footage 576 Basement: Yes _____ No Number of Stories 1

USE: _____ Sanitary: New _____ Existing Privy City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System N.A. Com.

Residence sq. ft. _____ * Residence w/deck-porch (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building _____

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

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

Residential Addition / Alteration (explain) _____ Commercial Accessory Building Addition (explain) _____

Residential Accessory Building (explain) _____ Commercial Other (explain) _____

Residential Accessory Building Addition (explain) See copy of External Improvements to Principal Building (explain) _____

Residential Other (explain) Appl. attached External Improvements to Accessory Building (explain) _____

OWNER 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) James R. Noble Date 6-23-11

Address to send permit P.O. Box 55, Buale, WI 54820 ATTACH _____

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

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 8-1-11 Permit Number 11-0240 Permit Denied (Date) _____

Reason for Denial: Address Sanitary

Inspection Record: Sanitary Sanitary/Audit/controls AS transferred to OWNER APPEARS TO MEET APPROXIMATE CODE REQUIREMENTS & PERMIT MAY BE ISSUED BY DR Date of Inspection 7-19-11

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

Condition: _____

Developed by owner - RT inspected Signed [Signature] 7-19-11 Inspector _____ Date of Approval _____

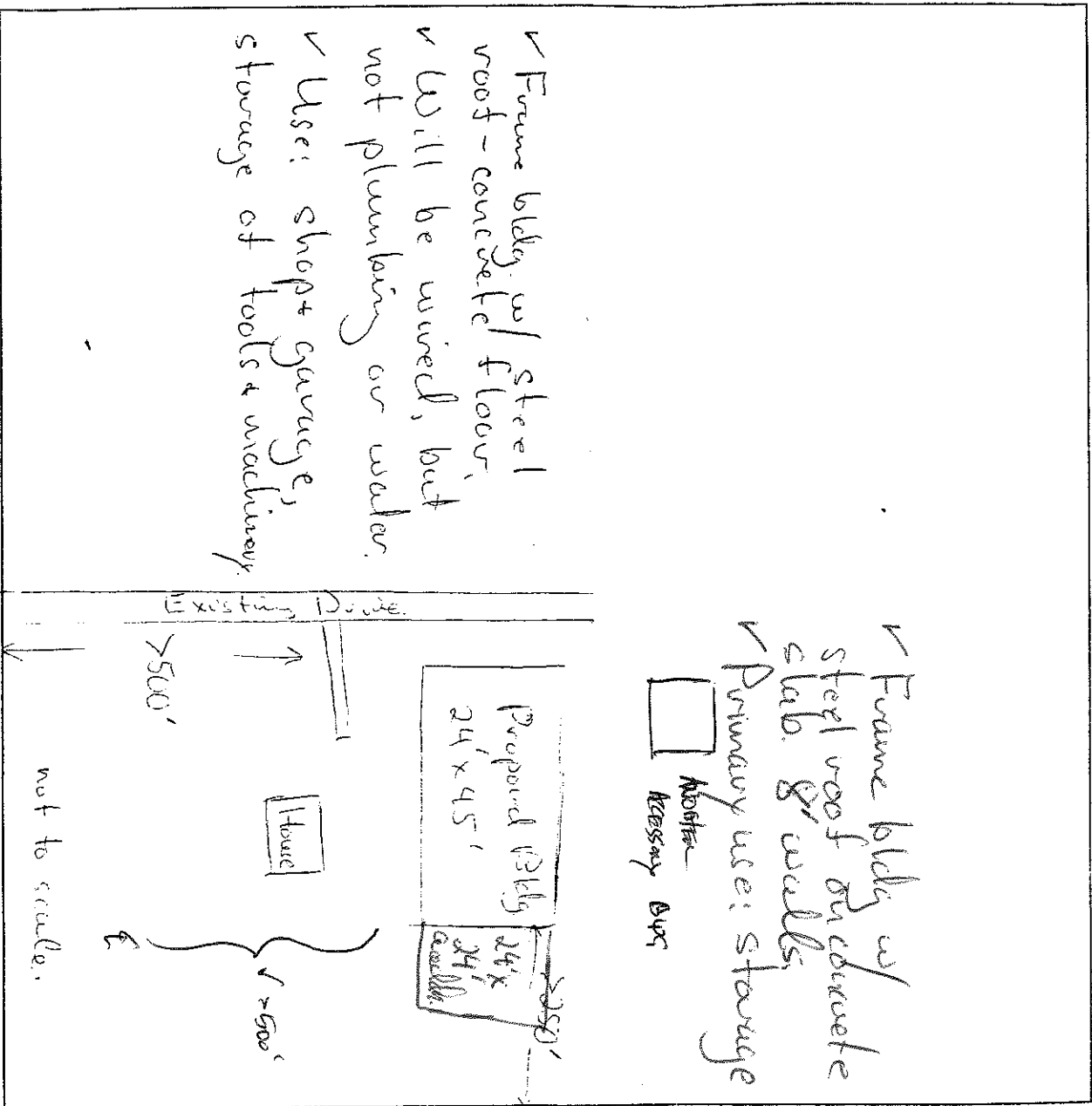
RT returned & fees paid. Rec'd for issuance AUG 1 2011

NO Maintenance on Secretarial Staff System Date 5/5/08



✓ Frame bldg w/
steel roof & concrete
slab & walls
✓ Primary use: storage

~~Adopter~~
Necessary ~~but~~



Lot Line

Lot Line

Name of Frontage Road (Old Hwy 3)
1/4 wide.

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field. - not applicable
4. Show the location of any lake, river, stream or pond if applicable. - none
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent. - none
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. Sanitary tank to closest lot line

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 COMPLETELY.

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building