

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
 AUG 16 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0298
 Date: 8/16/11
 Zoning District: R-2
 Amount Paid: \$75
 8/26/11
 EWA

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 SE 1/4 of Section 36 Township 47 North, Range 9 West, Town of HOENES
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5

Volume _____ Page _____ of Deeds Parcel I.D. 022-1080-02-000
 Property Owner KIRLAN PHILADIST Contractor SELF (Phone) _____

Address of Property 6995 BARTLETT RD Plumber _____ (Phone) _____
 Fred Wira JR #8091 Authorized Agent _____ (Phone) _____

Telephone 227312294 (Home) _____ (Work) _____
 Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If Yes:
 Structure: New Addition _____ Existing _____
 Basement: Yes _____ No Number of Stories 1
 Fair Market Value \$900.00 Square Footage 28x70
 Sanitary: New _____ Existing Privy _____ City _____
 USE: \$ Type of Septic/Sanitary System Aseptic
 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) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Commercial Accessory Building (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____
 External Improvements to Principal Building (explain) _____
 Residential Accessory Building (explain) _____
 External Improvements to Accessory Building (explain) _____
 Residential Accessory Building Addition (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) Karlan Philadist Date 8-9-11

Address to send permit 186 NORTHBERRY DR WILSON WI 57111 ATTACH
 * See Notice on Back Copy of Tax Statement or
 APPLICANT — PLEASE COMPLETE REVERSE SIDE (if you recently purchased the property
 Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 8/16/11 Permit Number 11-0298 Permit Denied (Date) _____

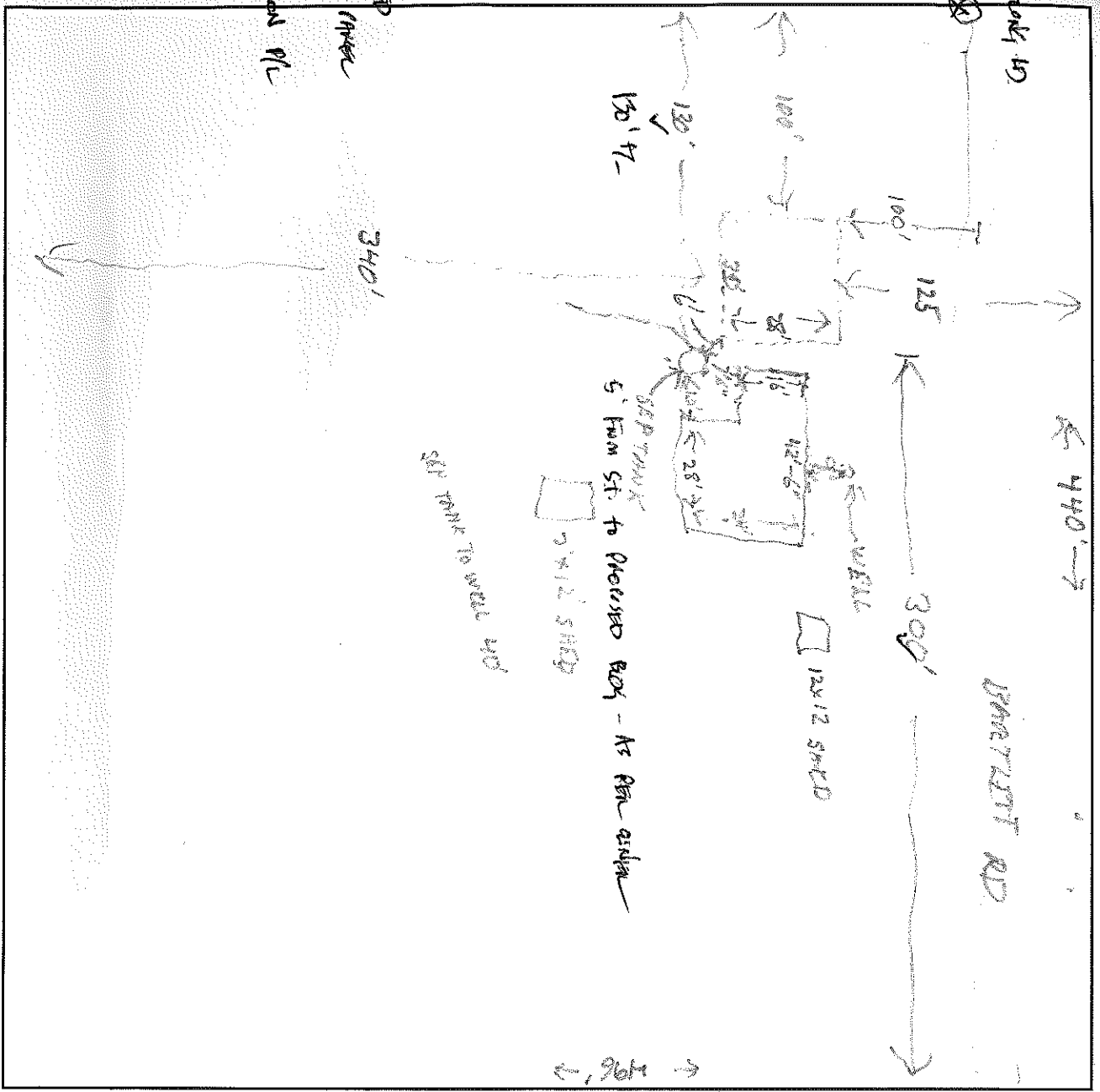
Reason for Denial: _____
 Inspection Record: Quoted sanitary condition as requested by rules. Attends to be code
Quantity plus permit was by DOC Date of inspection 8-26-11

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

Rec'd for Issuance AUG 21 2011 Signed [Signature] Inspector _____ Date of Approval 8-26-11
 Secretarial Staff

NOV 15 1998

Lot Line



PERMIT ISSUED
 ON NOVEMBER 1998
 BY 2011
 USED CURRENT P/L

No setbacks or 0.0' Set Back
 Name of Frontage Road (BARTLETT)

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.