

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY ZONING DEPARTMENT
 MAY 01 2012
 Bayfield Co. Zoning Dept.

Application No.: 12-0112
 Date: 5-9-12
 Zoning District: R-2B/2
 Amount Paid: \$75.00 POS
5/14/12

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 _____

Legal Description 2 1/4 of _____ 1/4 of Section 24 Township 07 North, Range 9 West, Town of Norths
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20.16 +/-

Volume _____ Page _____ of Deeds Parcel I.D. 06-022-241-05, 24-2 06-02-10000
 Property Owner Kathy Meyer & Mike Seceman Contractor SEF (Phone) _____
 Address of Property 6885 Wornhelle Rd Plumber _____
Iron River, WI 54847 Authorized Agent Shady Steyer (Phone) 218-409-0496

Telephone _____ (Home) _____ (Work) _____
 Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Is your structure in a Shoreland Zone? Yes No If Yes, _____
 Structure: New _____ Addition _____ Existing _____
 Fair Market Value \$200,000 Square Footage 12 x 8 ft Basement: Yes _____ No
USE: _____ Type of Septic/Sanitary System 1 1/2" 14" e Overground Number of Stories 1

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____ Mobile Home (manufactured date) _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____

Residential Addition / Alteration (explain) DECK SITE #5
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Commercial Principal Building _____
 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) Shady Steyer Date 5/1/12
 Address to send permit 6013 Tauberg At Leveath, MN 55507 ATTACH _____
 * See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 5-9-12 Permit Number 12-0112 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: PURCHASED ADDITIONAL/FREE STAIRS AND STRUCTURE AS REPRESENTED BY AGENT LOCATED AT THE
REAR OF CHANGERSVILLE ASSETS BY DDC DATE OF INSPECTION 5-1-12
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed _____ Inspector _____ Date of Approval 5-1-12
 Rec'd for Issuance _____
 MAY 9 2012

09-0104 07-435 07-0264
 ATTACH OVERGROUND SITE PLAN - COPIES
 Secretarial Staff



Lot Line

See attached

Name of Frontage Road (_____)

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.

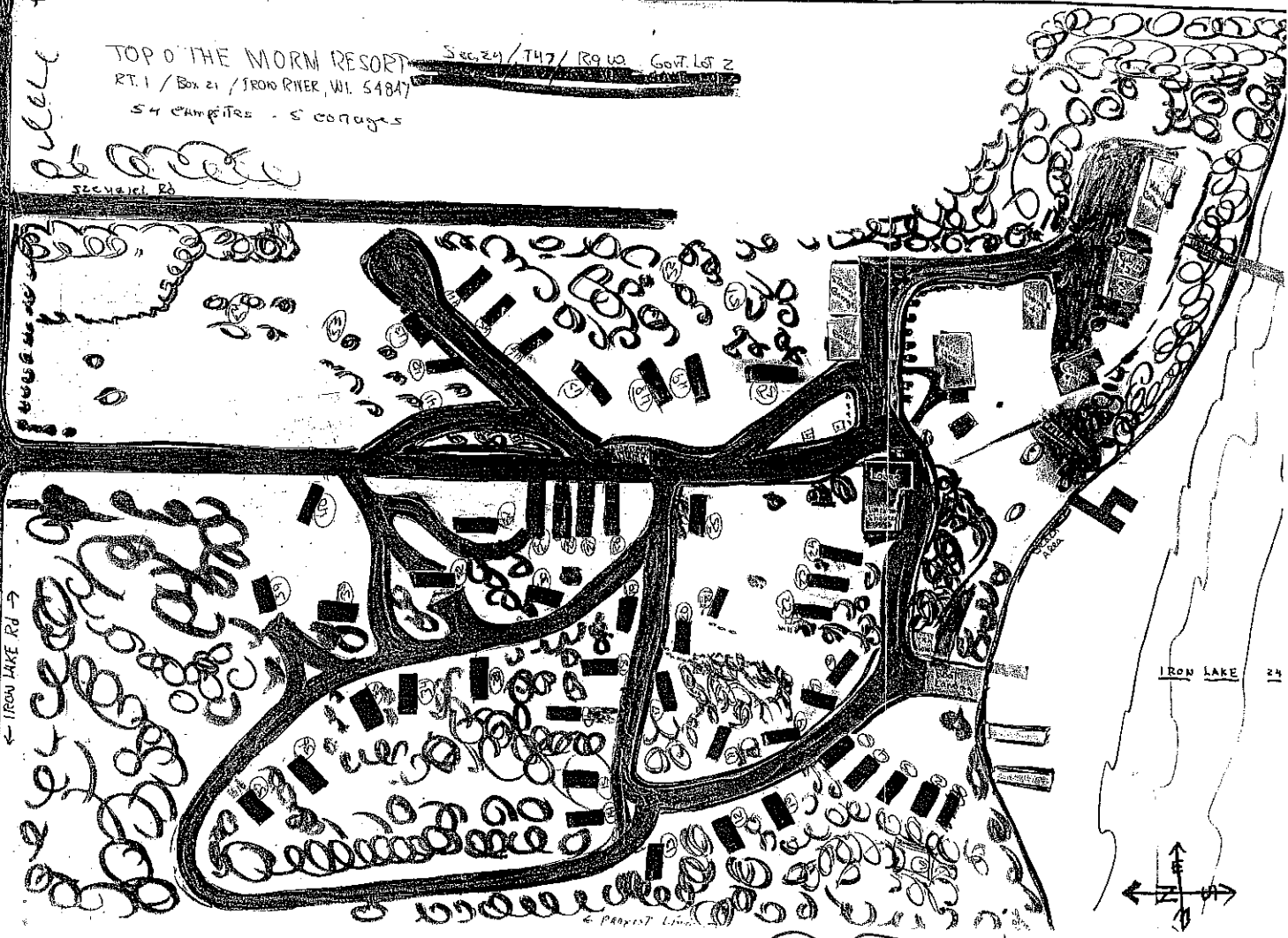
Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

Property Lines

TOP O' THE MORN RESORT
RT. 1 / Box 21 / IRON RIVER, WI 54847
54 Campsites - 5 cottages

Sec. 29 / T47 / R9 W2 Govt. Lot 2

Section 29



IRON LAKE 24

54 CTS 15

200