

* 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

REFUSE
 APR 13 2009
 Bayfield Co. Zoning Dept

Application No.: 09-0162
 Date: _____
 Zoning District R-1/-
 Amount Paid: 175.4/14/09 mg

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 1/2 1/4 of Section 26 Township 47 North, Range 6 West, Town of IRON RIVER

Gov't Lot 1 Block 1 Subdivision like the first CSM # _____ Acreage .37

Volume _____ Page _____ of Deeds Parcel I.D. cf-024-2-41-02-28-1-00-2E-0100

Property Owner ROONEY Loken (Loken) _____ (Phone) _____

Address of Property 9595 Buskey Bay Drive _____ Plumber _____

IRON RIVER _____ Authorized Agent _____ (Phone) _____

Telephone 541-324-1704 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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 _____

Fair Market Value N/A Square Footage _____ Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ TYPE OF SEPTIC/SANITARY SYSTEM CONVENTIONAL

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____

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

* Deck sq. ft. _____ Commercial Accessory Building (explain) _____

* Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____

Residential Accessory Building (explain) _____ Special/Conditional Use (explain) SHEET PILE FEATH ACCOMMODATION

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

Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) Susan John Date 4-6-09

Address to send permit 4763 Jongvil Ave Northwood IA 50459 ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 6534 Date 2009

Date 5/22/09 Permit Number 09-0162 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SEE EXISTING NON-SHORELAND DISTRICT USED FOR SHEET PILE FEATH. ADJACENT TO SEVERAL RESIDENTIAL PROPERTIES + A FEW (THE SPOT)

PAVING NOT A COVERED OFF-STREET By DR Date of Inspection 4-28-09

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

Condition: GET ANY TANK BAND RECOMMENDATIONS

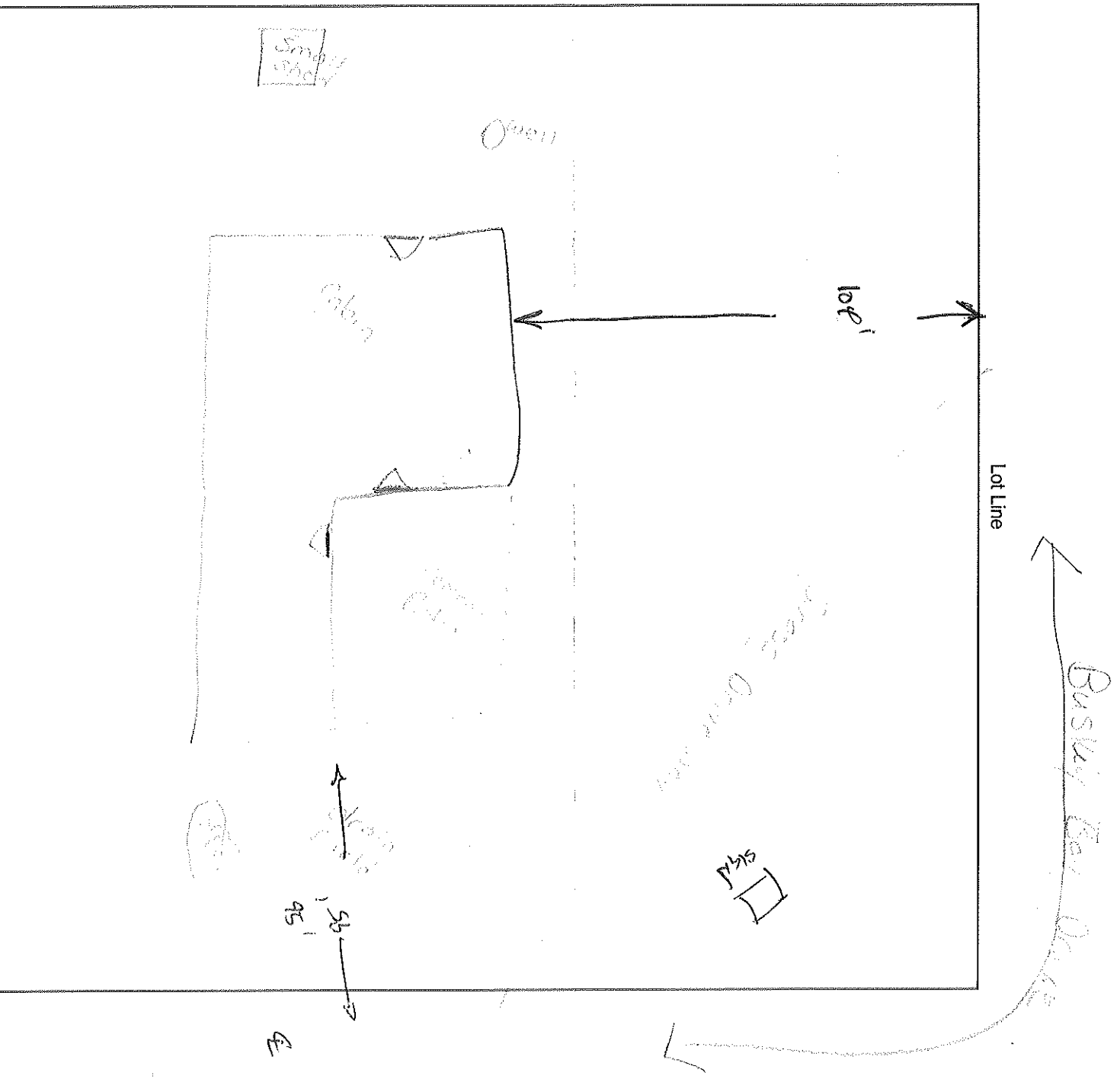
① A PERMIT FROM THE BAYFIELD COUNTY HEALTH DEPT MUST ALSO BE OBTAINED FOR A SHOT TANK WATER TREATMENT

Signed [Signature] Inspector _____ Date of Approval _____

Rec'd for Issuance

Number Books/Originals W/IN LIST 3 Pgs.
 Signs Present: None

MAY 28 2009
 Secretarial Staff



Name of Frontage Road (Buskey Bay Drive)

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.