

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**

RECEIVED
 MAY 19 2009
 Bayfield Co. Zoning Dept.

Application No. 09-0163
 Date: B-171
 Zoning District B-171
 Amount Paid: \$300.
5/19/09 my

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 21 Township 47 North, Range 8 Ida's Lake
 Gov't Lot B Lot 1 Block Subdivision CSM # 1477 Acreage 1.63
 Volume 1003 Page 240 of Deeds Parcel I.D. 04-024-2-47-08-21-1 00-327-21000
 Property Owner SHAWN W MILLER Contractor Tom Brown Const. (Phone) 682-5037
 Address of Property 6410 WOOD ROAD ALDERSBURGH WISCONSIN Plumber A. RASMUSSEN + S.O.S
 Authorized Agent Tom Brown Const (Phone) 682-5037

Telephone 715-682-5037 (Home) 715-682-5037 (Work)
 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 Number of Stories 1
 Fair Market Value \$100,000.00 Square Footage 840 Privy City
USE: * Residence or Principal Structure (# of bedrooms) 1 **Type of Septic/Sanitary System** CONV.
 * Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Residence sq. ft. _____ **Residential Addition / Alteration (explain)** _____
 * Residence w/deck-porch (# of bedrooms) _____ Porch sq. ft. 240
 Residence sq. ft. 840 Deck(2) sq. ft. 280
 * Residence w/attached garage (# of bedrooms) _____ Garage sq. ft. _____
 * Residential Addition / Alteration (explain) _____
 * Residential Accessory Building (explain) _____
 * Residential Accessory Building Addition (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) Shawn Miller Date 5-18-09
 Address to send permit 422 THIRD ST W STE 102 ASHCHADEN WI 54806 AT TACH
 Copy of Tax Statement or Attach a Copy of Recorded Deed

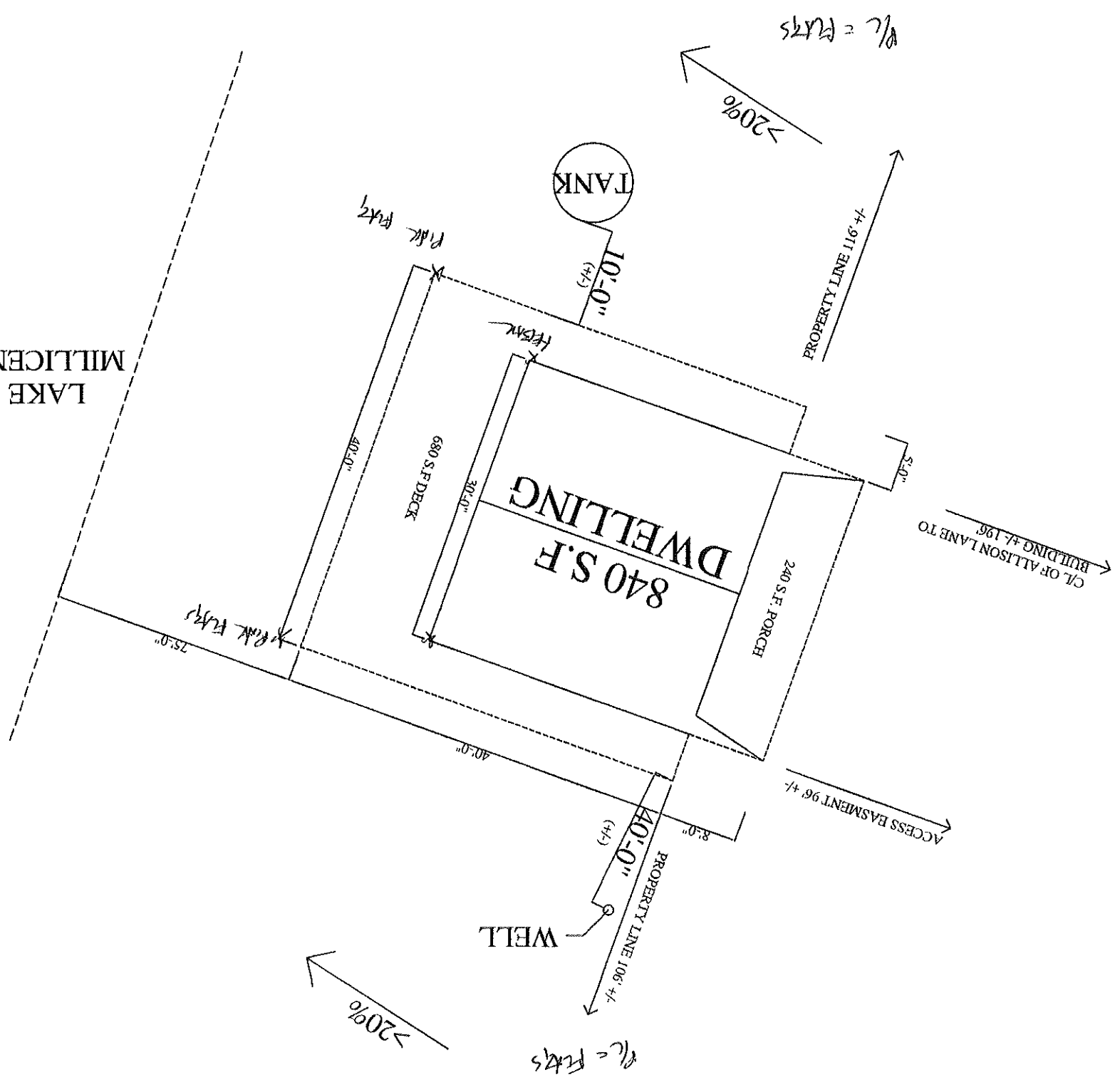
* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 09-0605 Date 2/16/09
 Date 5/28/09 Permit Number 09-0163 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: SHAWN'S SEPTIC SYSTEMS AS REPRESENTED BY ASSESSMENT AGREES TO BE ONE
CEQUANT & W. PERMIT MAY BE BY DDC Date of Inspection 5-22-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A UNIFORM OBEYING CODE (OR) PERMIT FROM THE BUCKLEY CONTRACTED DOC INSPECTED
AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.
 Signed Shawn Miller Inspector _____ Date of Approval 5-22-09
REC'D FOR ISSUANCE
MAY 28 2009

CAMPBELL 63460 WISCONSIN DEPARTMENT OF REVENUE
 Municipal Staff

LAKE
MILLICENT



P.L.K. = #123

P.L.K. = #124

>200%
200%

>200%
200%

PROPERTY LINE 116' +/-

PROPERTY LINE 106' +/-

ACCESS EASEMENT 96' +/-

C/L OF ALLISON LANE TO
BUILDING #196

WELL

840 S.F.
DWELLING

240 S.F. PORCH

680 S.F. DECK

TANK

10'-0\" (4-1/2)\"

P.L.K. #123

P.L.K. #124

40'-0\"

40'-0\"

25'-0\"

5'-0\"

8'-0\"

>200%
200%

>200%
200%