

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

ENTERED

Application No.: 09-0237
 Date: _____
 Zoning District: 6-1/3
 Amount Paid: 756/269 mg

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department, Bayfield Co. Zoning Dept. 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 S 200' of N 550' 1/4 of Section 17 Township 47 North, Range 08 West, Town of IRON RIVER

Gov't Lot 5 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.01
 Volume 990 Page 334 of Deeds Parcel I.D. 09-04-2-47-08-17-2 05-005-03600

Property Owner GARY + TERESA TANGEN Contractor ECONOMY GARAGES (Phone) 218-729-5106
 Address of Property 67930 HAWES RD Plumber _____

IRON RIVER WI 54847 Authorized Agent _____ (Phone) _____
 Telephone 218-726-1505 (Home) 218-733-2893 (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 _____
 Fair Market Value 15,000 Square Footage 676
 USE: _____

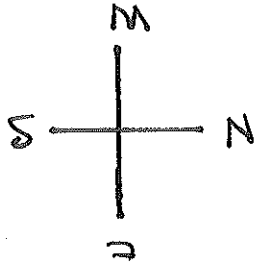
- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) garage
- 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) Amy Tengen Date 5/30/09
 Address to send permit 3681 Dana Rd HeenanTOWN, MN 55811 ATTACH _____

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

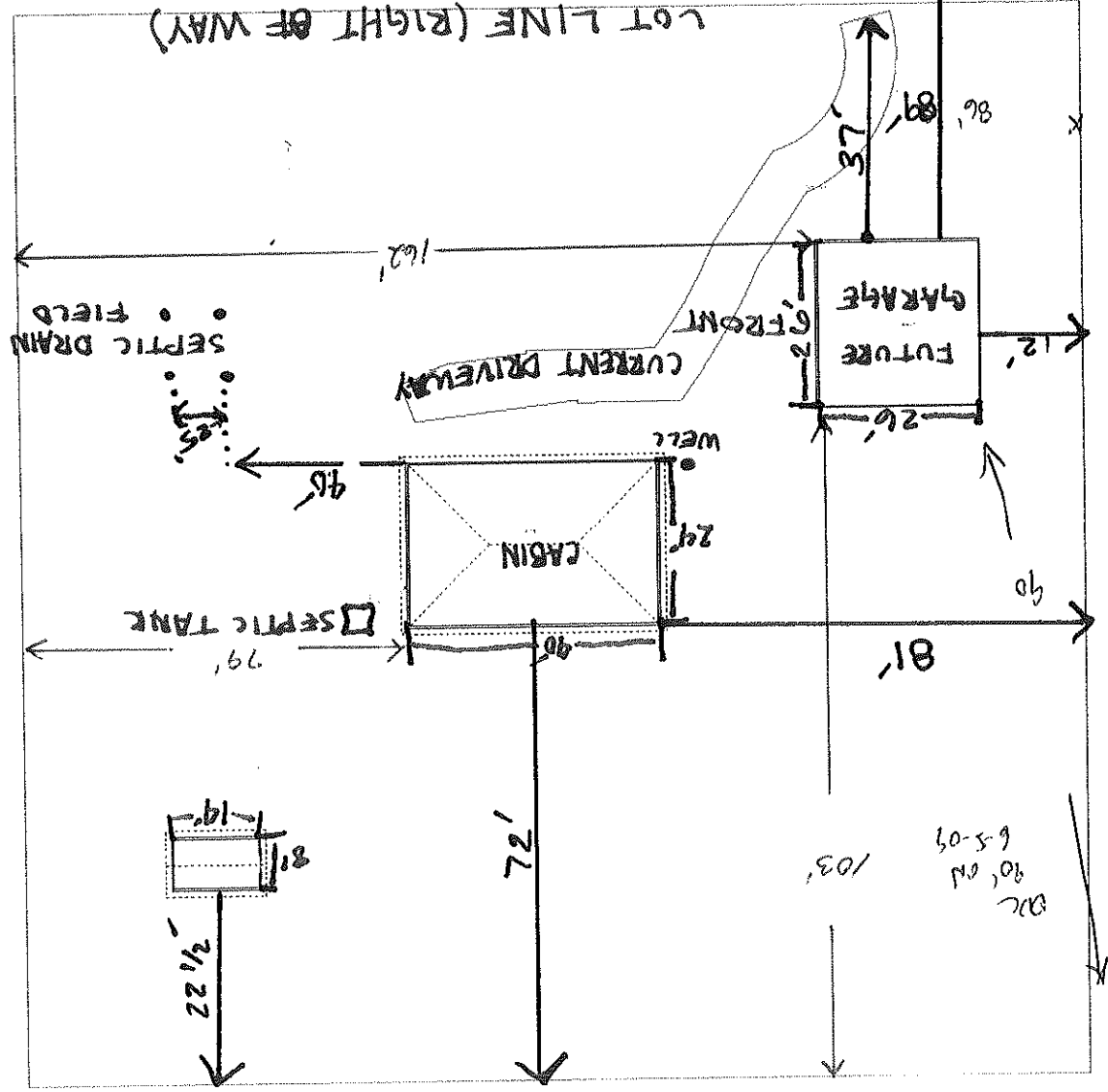
Permit issued: _____ State Sanitary Number _____ Date _____
 Date 6/23/09 Permit Number 09-0237 Permit Denied (Date) DK
 Reason for Denial: Does not meet state to a class 3 lake
 Inspection Record: Structural Safety/Conditions as represented & presented & RESISTED APPEALS TO BE OPE COMPLAINT
& PERMIT MAY BE ISSUED. By DK Date of Inspection 6-5-07 / 6-16-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: STRUCTURE MUST BE AT LEAST 100 FEET FROM THE HIGH WATER MARK OF THIS LAKE
 Signed [Signature] Inspector _____
10' TO LAKE TO LAKE Rec'd for Issuance Approval _____
 Date 6-14-09



Note - Budget site well identified at inspection

6-12-04 SET & ESTABLISHED 100' SETBACK FROM OILUM.

90' ON 6-5-09



9/10 OAKLE ROAD & HAYS

NEIGHBOR

SEPTIC TANK APPROX 6' FROM CABIN
WELL APPROX 10' FROM CABIN

HANES ROAD (CENTER)
67930 HANES RD IRON RIVER WI
GARY TANGEN