

SUBMIT COMPLETED 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**

Office Use
 Application No.: 09-0543
 Date: _____
 Zoning District/Lakes Class: R-V CUS
 Amount Paid: \$75
10/19/09 mg
Plum Bldg
Pld Adl \$50
\$125 total
11/10/09 mg

RECEIVED
 OCT 14 2009

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: _____ 1/4 of Section 28 Township 41 North, Range 8 West, Town of JEAN AUST
 Gov't Lot 2 Lot _____ Block _____ Subdivision, CSM # _____ Acreage 6
of Oct 24, 09, 25-9 09-02-1000
 Volume _____ Page _____ of Deeds Parcel I.D. # _____
 Property Owner Susan + Ronald Globe Contractor GREGG B. OLSON CORP (Phone) 715-372-4176
 Address of Property 14100 Highway (Susan Wheeler 6102 per tx Stmt) Plumber _____
JEAN AUST in 51661 Authorized Agent _____ (Phone) _____
 Telephone 715-577-5142 (Home) 715-839-8022 Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: 75' or greater <75' to 40' less than 40'
 Structure: New Addition Existing Basement: Yes No Number of Stories 2
 Estimated Cost of Construction \$20,000.00 Square Footage 1020 Sanitary: New Existing Privy _____ City _____
 N/A

- USE:**
- Residence (# of bedrooms) _____ (# of bedrooms)
 - Residence w/deck-porch (# of bedrooms) _____
 - Residence w/attached garage (# of bedrooms) _____
 - Residential Addition/Alteration (explain) _____
 - Residential Accessory Building (explain) Garage
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) _____
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (explain) _____
 - Mobile Home (manufactured date) _____ (# of bedrooms)
 - 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 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 (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 for any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Susan + Ron Globe Date 10-12-09
 Address to send permit 3413 Nimite St., Eau Claire, WI 54601

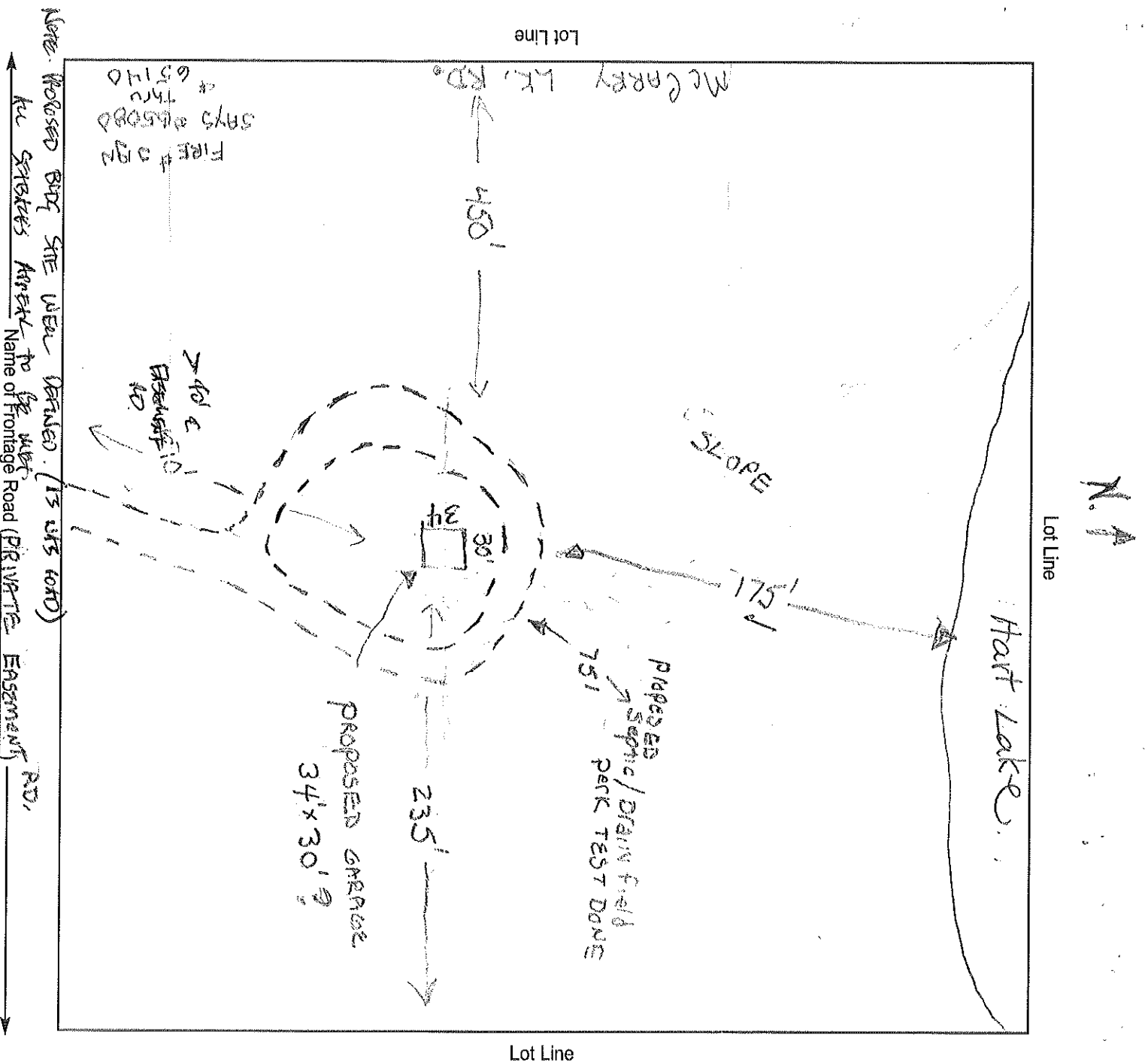
** ATTACH Copy of Tax Statement or Recorded Deed (if new owner)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

OFFICE USE ONLY

Permit Issued: _____ State Sanitary Number 89 Date _____
 Permit Number 11/10/09 Date 09-0543 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structural workers/conditions as requested by owner - attach to be code
Comment: a 2.0 permit may be issued By DE Date of Inspection 11-3-07
New fees add to be four to you
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: STRUCTURE MAY NOT BE USED FOR HUMAN HABITATION OR DRINKING WATER USES
KUL REQUIRED, DOC ZONING + SANITARY CODES ARE FOUR MET
 Signed: [Signature] Inspector _____ Date of Approval 11-3-09

Need for Insurance
Nov 10 2009
Secretary Staff



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N). ✓
2. Show the approximate location, size and dimensions of the building. ✓
3. Show the location of the well, septic tank and drain field. PERK TEST DONE ✓
4. Show the location of any lake, river, stream or pond if applicable. ✓
5. Show the approximate location of other existing structures. N/A
6. Show the approximate location of any wetlands or slopes over 20 percent. ✓
7. 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. Septic tank to closest lot line N/A
 - e. Septic tank to building N/A
 - f. Septic tank to well N/A
 - g. Septic tank to lake, river, stream or pond N/A
 - h. Privy to closest lot line N/A
 - i. Privy to building N/A
 - j. Privy to lake, river, stream or pond N/A
 - k. Drain field to closest lot line PROPOSED
 - l. Drain field to building PROPOSED
 - m. Drain field to well N/A
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building N/A

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7(a-o) COMPLETELY.

*NOTICE: The local town, village, city, state or federal agencies may also require permits.

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