

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
 FEB 03
 Bayfield Co. Zoning Dept

Application No.: 10-0025
 Date: 2-1-10
 Zoning District: R-1-17
 Amount Paid: 250 / 2-3-10 *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: M/W 1/4 of N/E 1/4 of Section 33 Township 47 North, Range 8 West, Town of Iron Bridge
 Gov't Lot: 25 Block Kickin back CSM # 1398 Acreage 2.58
 Volume: 04-024-24-08-33-1 Parcel I.D. 00-333-5000
 Property Owner: THOMAS MAGNUS Contractor: THOMAS MAGNUS (Phone) 507-357-4465
 Address of Property: 14140 Hill N Dale Dr. Plumber: George Plowry, S.B. Wise
MASCLA. MK. 56093 Authorized Agent: GILBERT MASCLA (Phone) 218-348-1474

Telephone: 507-357-4465 (Home) 507-833-6069 (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 Basement: Yes No Number of Stories: 1
 Fair Market Value: 80,000 Square Footage: 4225 Sanitary: New Existing Privy City 2 200AM
 USE: Type of Septic/Sanitary System
 * Residence or Principal Structure (# of bedrooms) 2 150S Mobile Home (manufactured date) _____
 Residence sq. ft. _____ Commercial Principal Building _____
 * Residence w/deck-porch (# of bedrooms) 2 Commercial Principal Building Addition (explain) _____
 Residence sq. ft. 1,225 Porch sq. ft. 280 Commercial Principal Building Addition (explain) _____
 Deck sq. ft. _____ Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____
 Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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.

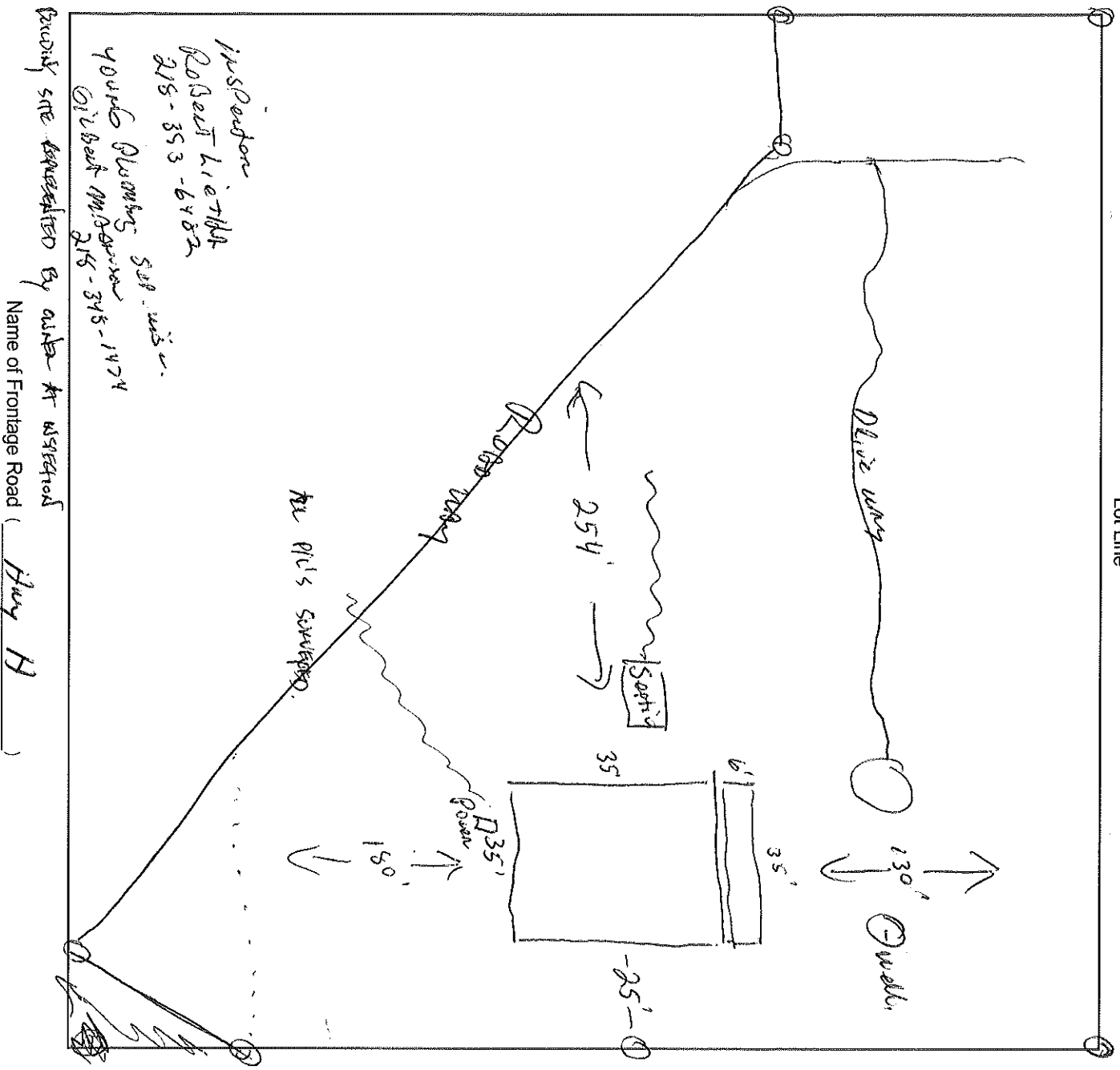
Owner or Authorized Agent (Signature): Thomas Magnus Date: 1-31-2010
 Address to send permit: 14140 Hill N Dale Dr. Mascla, MN. 56093 ATTACH
 Copy of Tax Statement or Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 01-1535 Date 11-4-2009
 Date: 2/17/10 Permit Number 10-0025 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structural Spacing/Conditions as Represented by Engineer Attached to be Cured
Character of the LU Permit By DOC Date of Inspection 2-9-10 / 2-10-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A VARIANCE VARIANCE CODE (VDC) PERMIT FROM THE LOCAL GOVERNMENT TO THE VARIANCE AGENCY
MUST BE OBTAINED PRIOR TO CONSTRUCTION
219 - COULD NOT IDENTIFY ANY LOCATION
DUE TO SLOW CONDITIONS.
 Signed: [Signature] Date of Approval: 2-16-10
 Inspector: _____ Date of Approval: FEB 17, 2010
 Secretarial Staff

Lot Line



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.