

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 26 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0160
 Date: 6-13-11
 Zoning District: Res/ARSS (1)
 Amount Paid: \$90.00 EDS
5/22/11

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 _____ 1/4 of Section 25 Township 48 North, Range 5 West, Town of Barnesdale
 Gov't Lot 67 Lot 7 Block _____ Subdivision _____ CSM # _____ Acreage 2.07 Acres

Volume 337 Page 411 of Deeds Parcel I.D. 04-002-2-48-05-25-300-221-06000
 Property Owner DON KAY Contractor LIPKA CONSTRUCTION (Phone) 715-685-0855

Address of Property 71270 State Hwy 13 Plumber Superior Plumbing + Mech
Ashland, WI 54806 Authorized Agent _____ (Phone) _____

Telephone 715-682-6170 715-274-4889 (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 1
 Fair Market Value 30,000 Square Footage 708 Sanitary: New Existing _____ Privy _____ City _____
 USE: Residence or Principal Structure (# of bedrooms) 24x32 Type of Septic/Sanitary System A-T
 Residence sq. ft. _____ Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
 Deck sq. ft. _____ Deck(2) 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) Addition (Living room as per 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) [Signature] Date 5/22/11

Address to send permit: 71270 State Hwy 13, Ashland, WI 54806

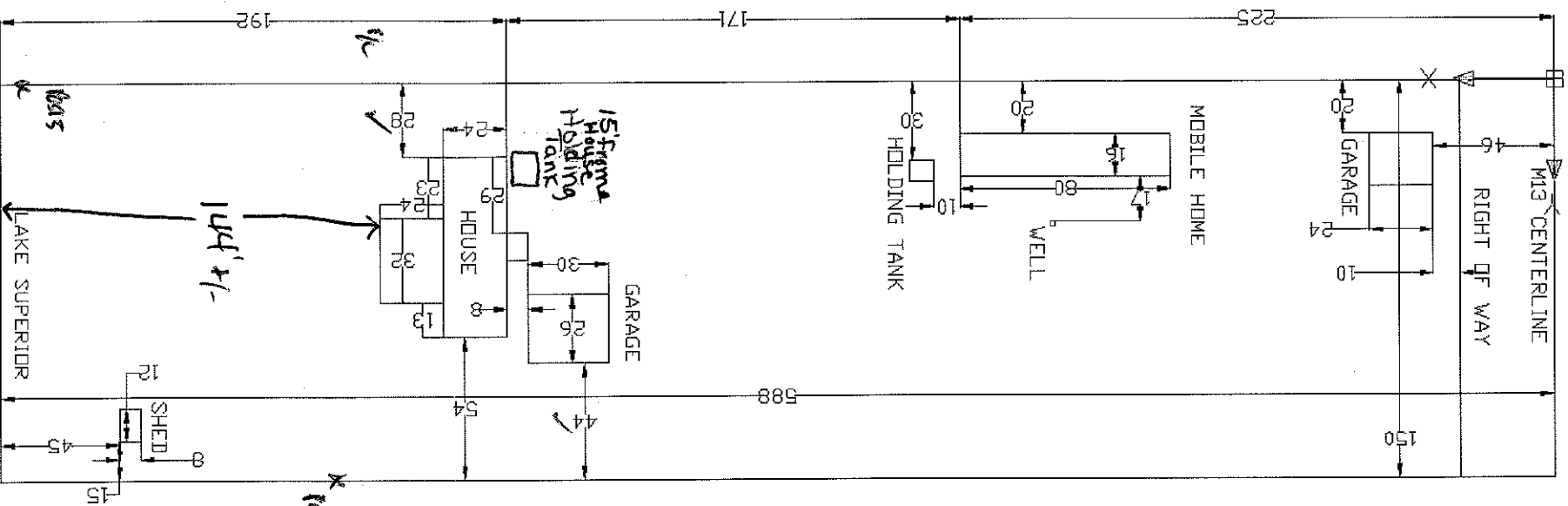
* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: 11-0160 State Sanitary Number R-295 Date 5-31-11
 Date 6-13-11 Permit Number 11-0160 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Inspected additional property where permit already issued. Significant deficiencies/conditions as necessitated by other permits to be done BY DPC Date of Inspection 6-9-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Large structural cavity repair sanitary system Signed [Signature] Inspector _____ Date of Approval _____
FOR REVIEW
Small cavity repairs to be completed within 30 days Check sanitary system

"Fused lots as per" ENTERED



171' From Existing Deck to
for OF Buffer
(Note - Buffer is Area Vegetated +
Structure)

11'5" - 2
Area outside
Identified Leave
Space (out of
cultural values
Specify a minimum
Radius to structures
for

APPLICABLE COMMENTS TO THE BOE By DDC Date of Inspection 8.9.11

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

Condition: _____

~~Large Environmental - could not verify existing~~ Signed [Signature] Inspector Date of Approval 8.9.11
~~System Location~~
~~Field View~~

~~Specialist Reports to be Completed by Field or Secretary Approval Date Submitting Report~~