

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

JUL 30 2010

Application No: 10-0299
 Date: _____
 Zoning District: R-1(-)
 Amount Paid: \$ 250.00
ROS - 8/2/10

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 US SPECIAL USE B.O.A. OTHER _____
 Use Tax Statement for Legal Description
 Legal Description 1/4 of 07 Township 47N Range 2W West. Town of Iron River
 Gov't Lot 11+12 Block 10 Subdivision Orig. Plat of Iron River Acreage 0.202
 Volume 1029 Page 416 of Deeds Parcel I.D. 04-024-2-47-08-07-4-00-198-10100
 Property Owner ARA Kaseke-wicz Contractor Gary Strenke (Phone) (715) 296-2570
 Address of Property 68150 S. MAIN ST. Plumber Don Harvey
IRON RIVER, WI 54847 Authorized Agent _____
 Telephone 218-390-1794 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes.
 Structure: New Addition Existing Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Fair Market Value 71,150.00 Square Footage 1280
 USE: * Residence or Principal Structure (# of bedrooms) 3 Mixed Mobile Home (manufactured date) 8-20-10
 Residence sq. ft. 1280 Commercial Principal Building _____
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____
 Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Written Authorization Attached: Yes No
 Basement: Yes No Number of Stories 1
 Sanitary: New Existing Privy City
 Type of Septic/Sanitary System CITY
 * Mobile Home (manufactured date) 8-20-10
 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 Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

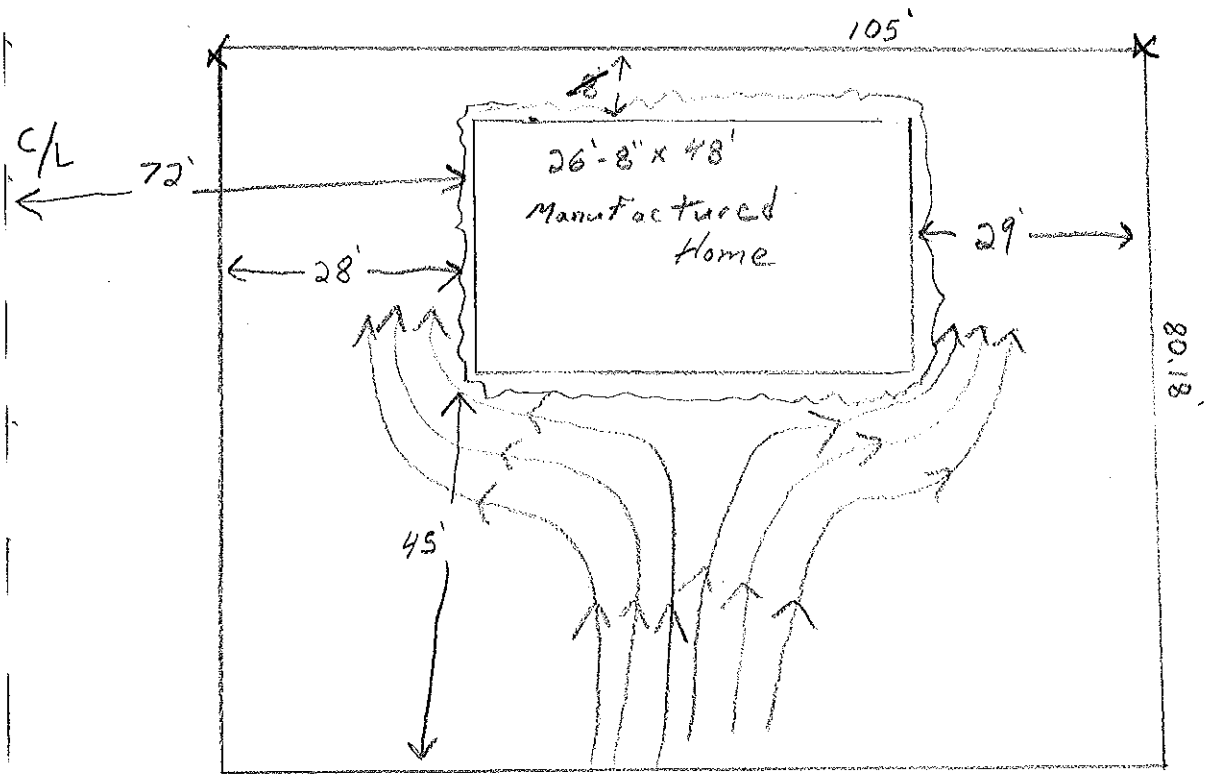
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 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) Gary Strenke Date 7-19-10
 Address to send permit 900 Wallace St. Minong WI 54859 ATTACH
 Copy of Tax Statement of
 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back APPLICANT --- PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 8/13/10 Permit Number 10-0299 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structural Safety/conditions as represented by other appears to be OK
Current plan permit may be By DDC Date of Inspection 8-10-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A WATER DAMAGE PERMITS FROM THE LOCALY CONTRACTED UDC INSPECTION
AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION
MUNICIPAL SANITARY
 Signed [Signature] Inspector 8-10-10
 Date of Approval _____
 Rec'd for Issuance _____
 AUG 17 2010
 Secretarial Staff

(N)



S Main St.

Summit St.