

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 12 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0222
 Date: 7-15-11
 Zoning District: R-1/MS
 Amount Paid: ~~\$75~~ \$75.00
RDS 7/14/11

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 _____
 Use Tax Statement for Legal Description

Legal Description _____ 1/4 of _____ 1/4 of Section 33 Township 47 North, Range 6 West, Town of TRAD RIVER
 Gov't Lot _____ Lot 814 Block _____ Subdivision WOODS SUBDIVISION CSM # _____ Acreage 1.154

Volume _____ Page _____ of Deeds Parcel I.D. 04-024-2-41-05-33-4 02-201-15000
 Property Owner Tim Reider Contractor SEF (Phone) _____
 Address of Property 6900 CH # Plumber _____ (Phone) _____
TRAD RIVER WI 54841 Authorized Agent _____ (Phone) _____

Telephone _____ (Home) 312-8153 (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 _____
 Fair Market Value 1500.00 Square Footage 12x12 (gile) Sanitary: New _____ Existing _____ Privy _____ City _____
 USE: _____ Type of Septic/Sanitary System AWAY FROM

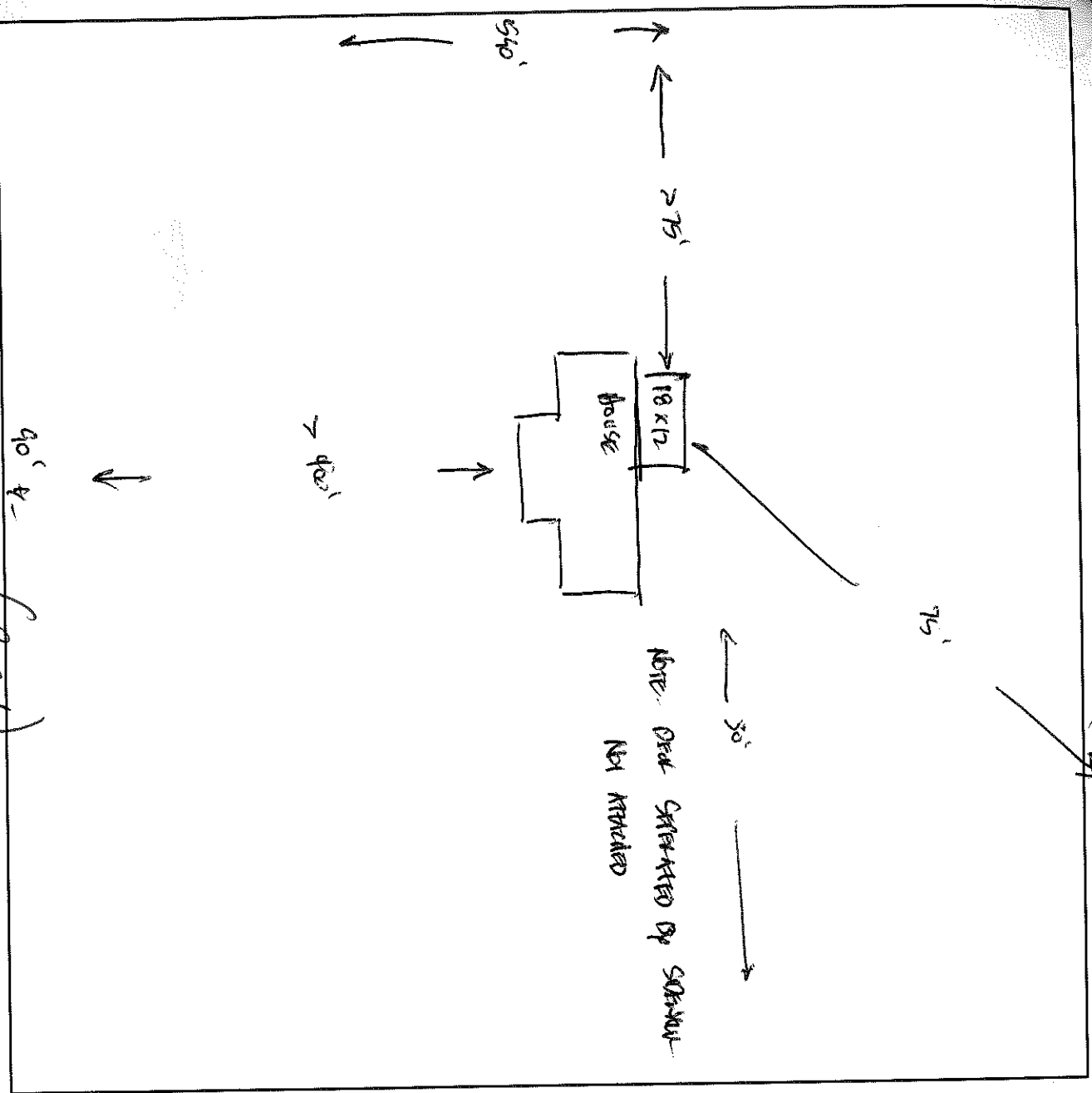
* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____ Mobile Home (manufactured date) _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Commercial Principal Building _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____
 Residential Addition / Alteration (explain) See (see standards) Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
 External Improvements to Accessory Building (explain) _____
 External Improvements to Principal 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) James Reider Date 7-12-11
 Address to send permit 575 WYANONA'S LAKE PIKE LAKE, WI 54868 ATTACH _____
 * See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 7-15-11 Permit Number 11-0222 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: QUINCY SETBACKS/CONTROL AS REQUESTED BY ADMIN. APPROX TO BE DONE IMMEDIATELY
AND SETBACK DATE BE ISSUED BY DR Date of Inspection 7-12-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Rec'd for Issuance JUL 15 2011 Inspector [Signature] Date of Approval 7-12-11
 Secretarial Stamp





Name of Frontage Road (Road)

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.

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.
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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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*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.