

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
APR 29 2008
 Bayfield Co. Zoning Dept.

EVERED
 Application No. 08-0108
 Date: _____
 Zoning District AG-1
 Amount Paid: \$75.00 RDS
4/29/08

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 OTHER B.O.A.
 Legal Description: Part of the SE 1/4 of the SW 1/4 of the NE 1/4 of the NW and the NE 1/4 of the SW 1/4 of Section 30 Township 46 North, Range 5 West. Town of Kelly
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 30.76
 Volume 954 Page 671 of Deeds Parcel I.D. # 026-1062-09 Use Tax Statement for Legal Description taxed 67-625 exist
 Property Owner Neill Rewinton, Brian M Resefeld Contractor scip (Phone) _____
 Address of Property 25255 Maple Ridge Rd Plumber _____
Mason WI 54856 Authorized Agent _____ (Phone) _____

Telephone 715 765-4386 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition Existing No Basement: Yes No
 Estimated Cost of Construction \$15,000 Square Footage 2025 Existing No
 USE: Sanitary: New _____ Existing _____
 Number of Stories 1
 Mobile Home (manufactured date) _____
 Privy _____ City _____

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) shed 45x45'
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- External Improvements to Accessory Building (explain) _____
- 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.

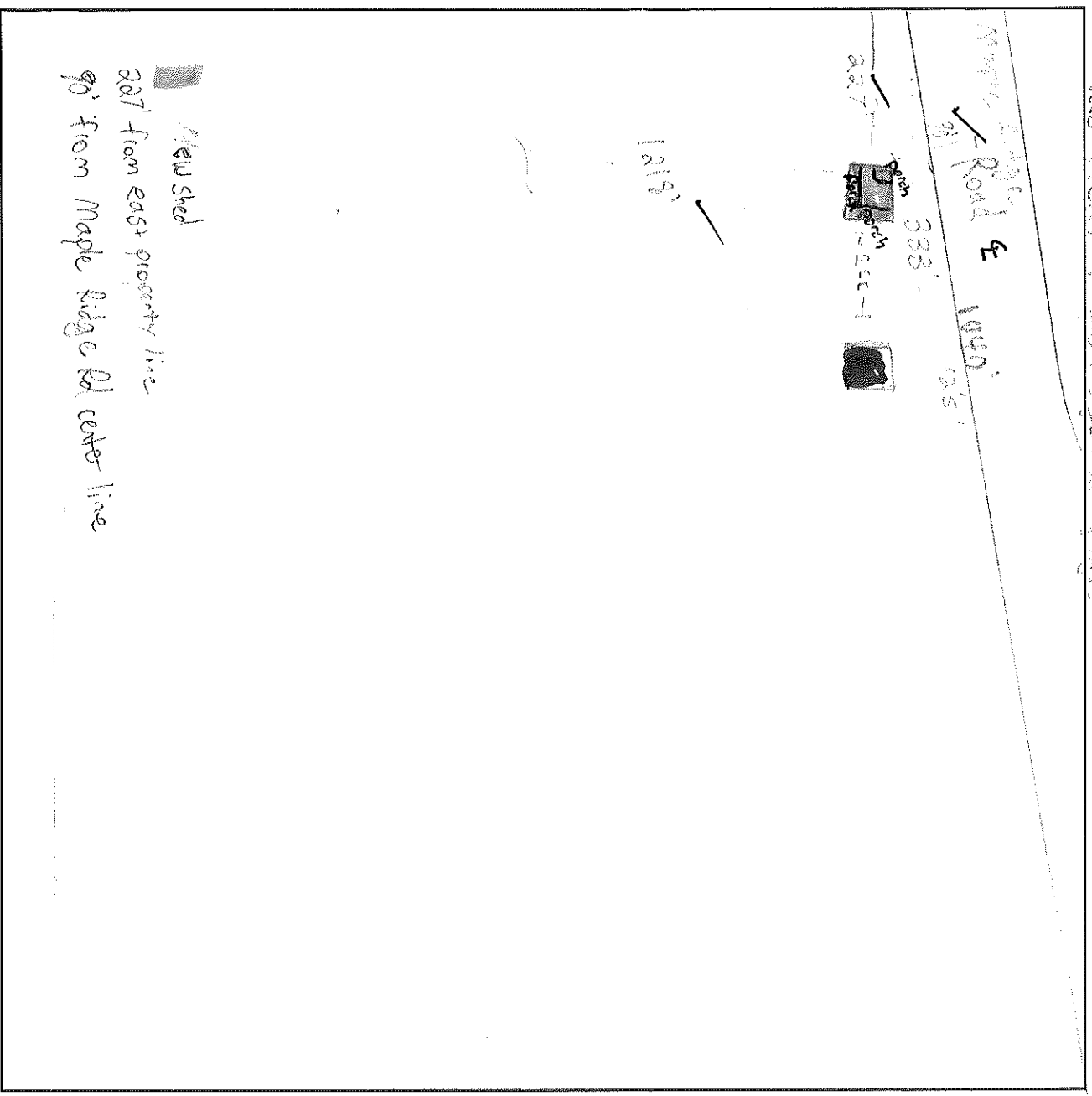
Owner or Authorized Agent (Signature) Neill Wilson Date 4/27/8
 Address to send permit 25255 Maple Ridge Rd Mason WI 54856 ATACH
 Copy of Tax Statement

* See Notice on Back
 If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 5/6/08 Permit Number 08-0108 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets code requirements per owner's representation. Owner present @ time of inspection notified bldg. location & property lines By Travis Tuberville Date of inspection 5/06/2008
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: No human habitation.
 Signed Travis Tuberville Date of Approval 5/06/2008
 Inspector REC'D INSURANCE Date of Approval _____
 MAY 06 2008
 Secretarial Staff

existing shed building
 333' from east property line
 125' from Maple Ridge Road Lot Line



Name of Frontage Road Maple Ridge Rd

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
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
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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Washburn, WI 54891
(715) 373-6138

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**



NOV 07 2007

Bayfield Co. zoning Dept.

Application No.: 08-0119
Date: _____
Zoning District: AG-1
Amount Paid: \$425.00 EOS
11/7/07

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 CLASS A
Legal Description NE 1/4 of NE 1/4 of Section 5 Township 46 North, Range 5 West, Town of Kelly
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.4

Volume 982 Page 135 of Deeds Parcel I.D. # 046-1008-04000 Use Tax Statement for Legal Description
Property Owner Kim M. Anderson Contractor Easy Plumbing (Phone) 218-799-8001
Address of Property State Highway 118 Ashland, WI 54806 Plumber Rasmussen-Cable-798-3355
Telephone 715-413-1184 (Home) 715-682-2811 (Work) Authorized Agent _____ (Phone) _____

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
Estimated Cost of Construction 80,000 Square Footage 1352 Sanitary: New Existing Privy _____ City _____
USE: Residence or Principal Structure (# of bedrooms) 3 1100 sq ft 1456 sq ft 1840 w/decks
 Mobile Home (manufactured date) _____
 Residence sq. ft. 1352 1456 KA 1456 KA 12x16'
 Residence w/deck-porch (# of bedrooms) 3 1352 1456 KA 1456 KA
Residence sq. ft. 1352 1456 KA 1456 KA
Deck sq. ft. 192 FOOTPA 192 KA
 Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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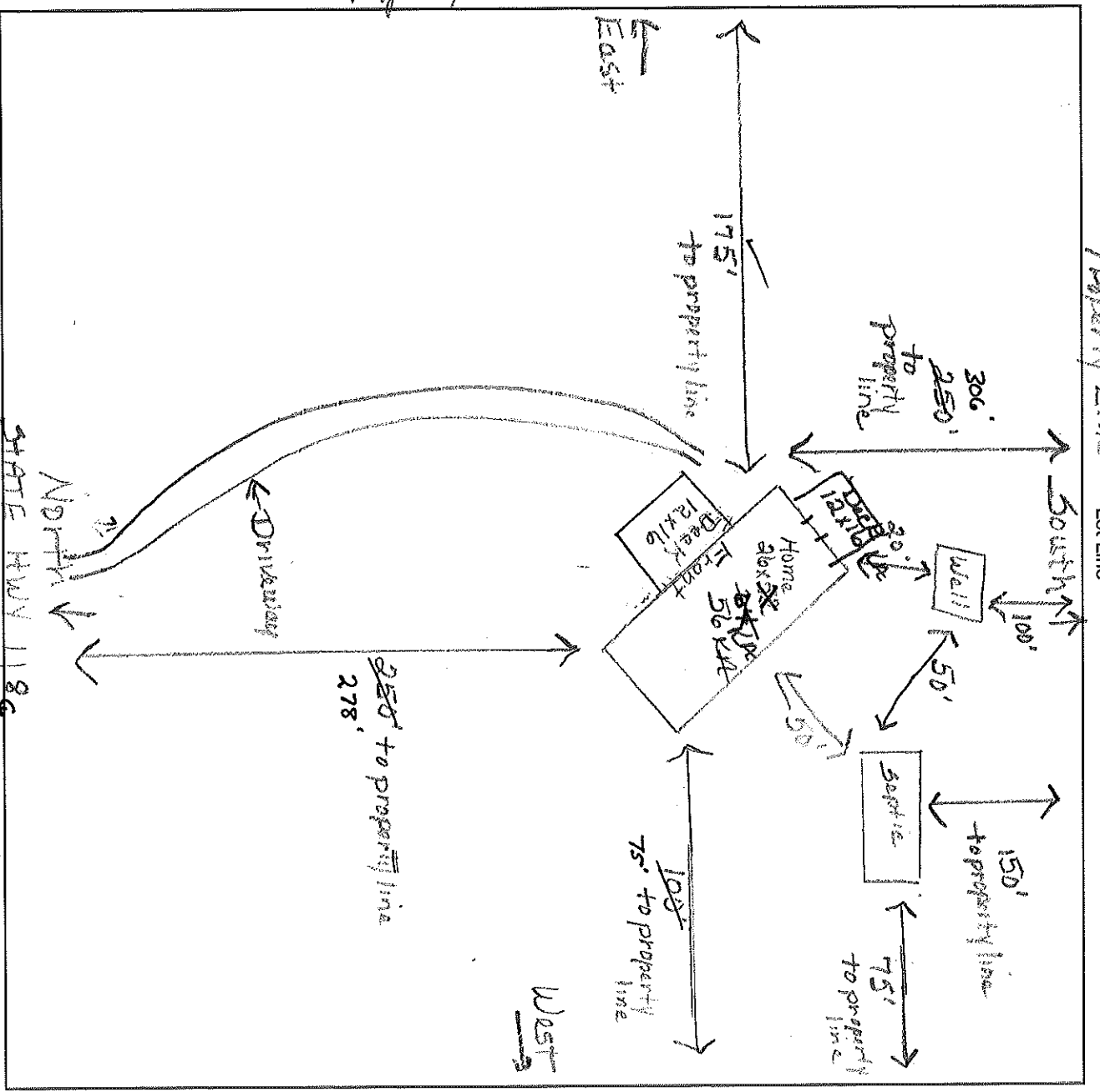
Owner or Authorized Agent (Signature) Kim M. Anderson Date 11-2-07
Address to send permit 25460 U.S. Hwy 2 Mason, WI 54856 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number 07-2375 Date 12/07/2007
Date 5/9/08 Permit Number 08-0119 Permit Denied (Date) _____
Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Property was surveyed, map is attached. Proposed bldg. site was staked by Travis Taborsky Date of Inspection 5/06/2008
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____
Signed Travis Taborsky Date of Approval 5/08/2008
Inspector _____ Rec'd for Issuance _____



Name of Frontage Road (State Hwy 118)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
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 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

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