

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 27 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0189
 Date: _____
 Zoning District: AG-1
 Amount Paid: \$75 5/28/09
 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 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. ~~884-188-0400~~ 09-026-2-46-05-05-19-000-21000

Property Owner Kim M ANDERSON Contractor Northland Bldgs (Phone) _____
 Address of Property 26861 STATE HWY 118 Plumber _____

ASHLAND, WI 54806 Authorized Agent _____ (Phone) _____
 Telephone (715) 746-2025 (Home) (715) 682-2811 (Work) _____
 Is your structure in a Shoreland Zone? Yes No CELT 413-1184 Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition _____ Existing _____ Number of Stories _____
 Fair Market Value 19500.- Square Footage 1792
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System NT

- * 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) Metal Pole Garage
- Residential Accessory Building Addition (explain) _____
- Residential Other (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) Kim M Anderson Date 5-24-09

Address to send permit 26861 STATE HWY 118 ASHLAND, WI 54806 ATTACH _____

* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number _____ Date _____

Date 6/4/09 Permit Number 09-0189 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Proposed structure well sited and property has been surveyed. By Travis Tulowitzky Date of Inspection 6/03/2009

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

Condition: _____

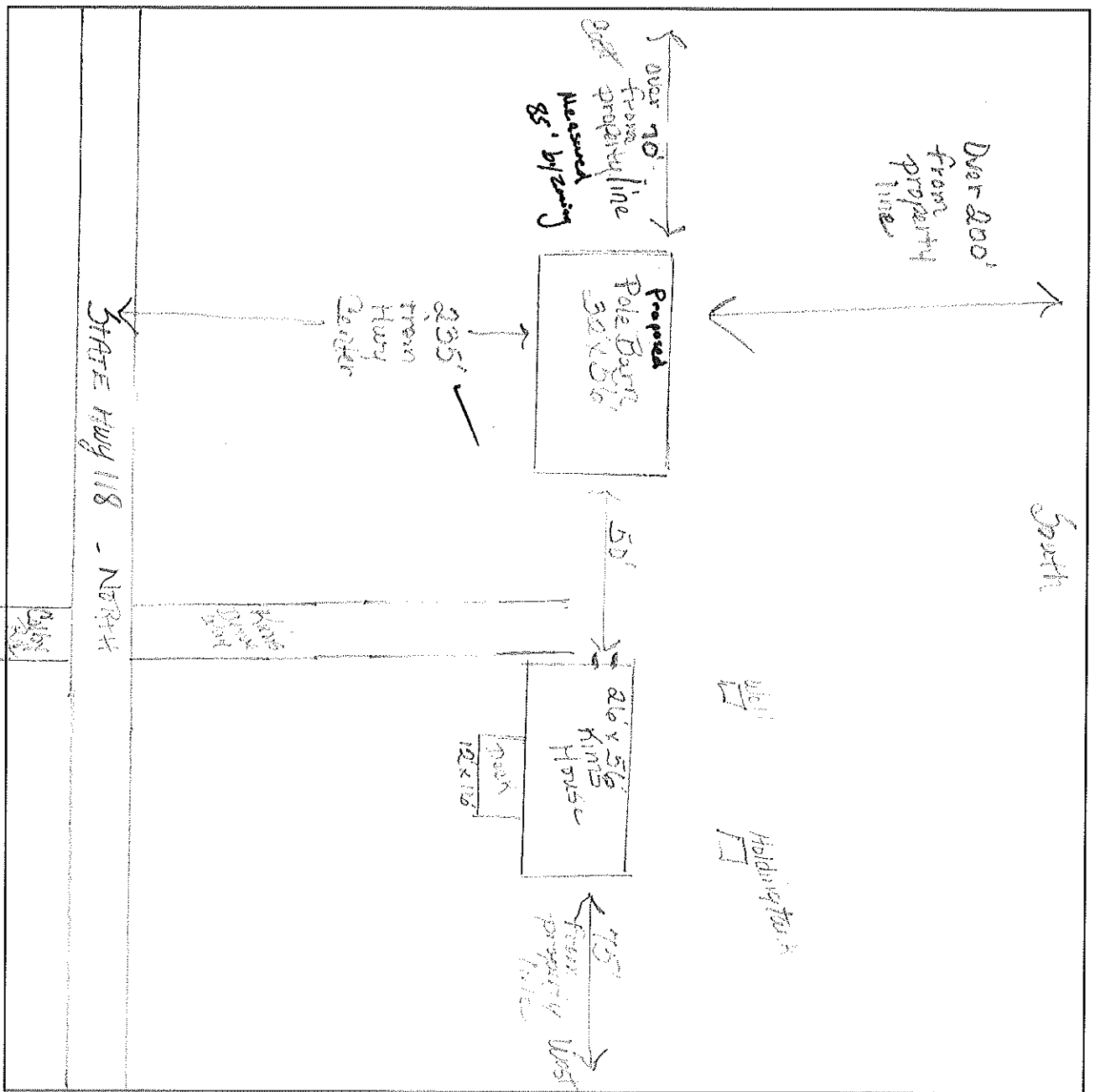
Signed Travis Tulowitzky Date of Approval 6/03/2009
 Inspector

Rec'd for Issuance

JUN 17 2009

Secretarial Staff

Lot Line



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).
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.