

Temporary

\$50

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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

AUG 20 2010

Temp.

Application No: 10-0006T
 Date: _____
 Zoning District AG-1 class 3
 Amount Paid: 50-895-10

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 USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description NE 1/4 of NE 1/4 of Section 30 Township 46 North, Range 5 West, Town of KECY
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 37.25
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 026-10661-07

Property Owner BRAAD & HELESSA GIESSEN Contractor AMERICAN HOMES (Phone) _____
 Address of Property 25800 MARLE GIDGE RD Plumber NOEL PINE'S PLUMBING- DOUG MANTNEY
MASON, WI 54856 Authorized Agent _____ (Phone) _____

Telephone 765-765-4335 (Home) _____ (Work) _____

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 X
 Fair Market Value _____ Square Footage _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 * 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) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Written Authorization Attached: Yes No
 Basement: Yes _____ No X Number of Stories _____
 Sanitary: New _____ Existing X Privy _____ City _____
 Type of Septic/Sanitary System 2-1000 GAL FLOWING TANKS
 Mobile Home (manufactured date) 1976
 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 OF 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) _____ Date 8-2-10

Address to send permit 25800 MARLE GIDGE RD MASON, WI 54856 ATTACH

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

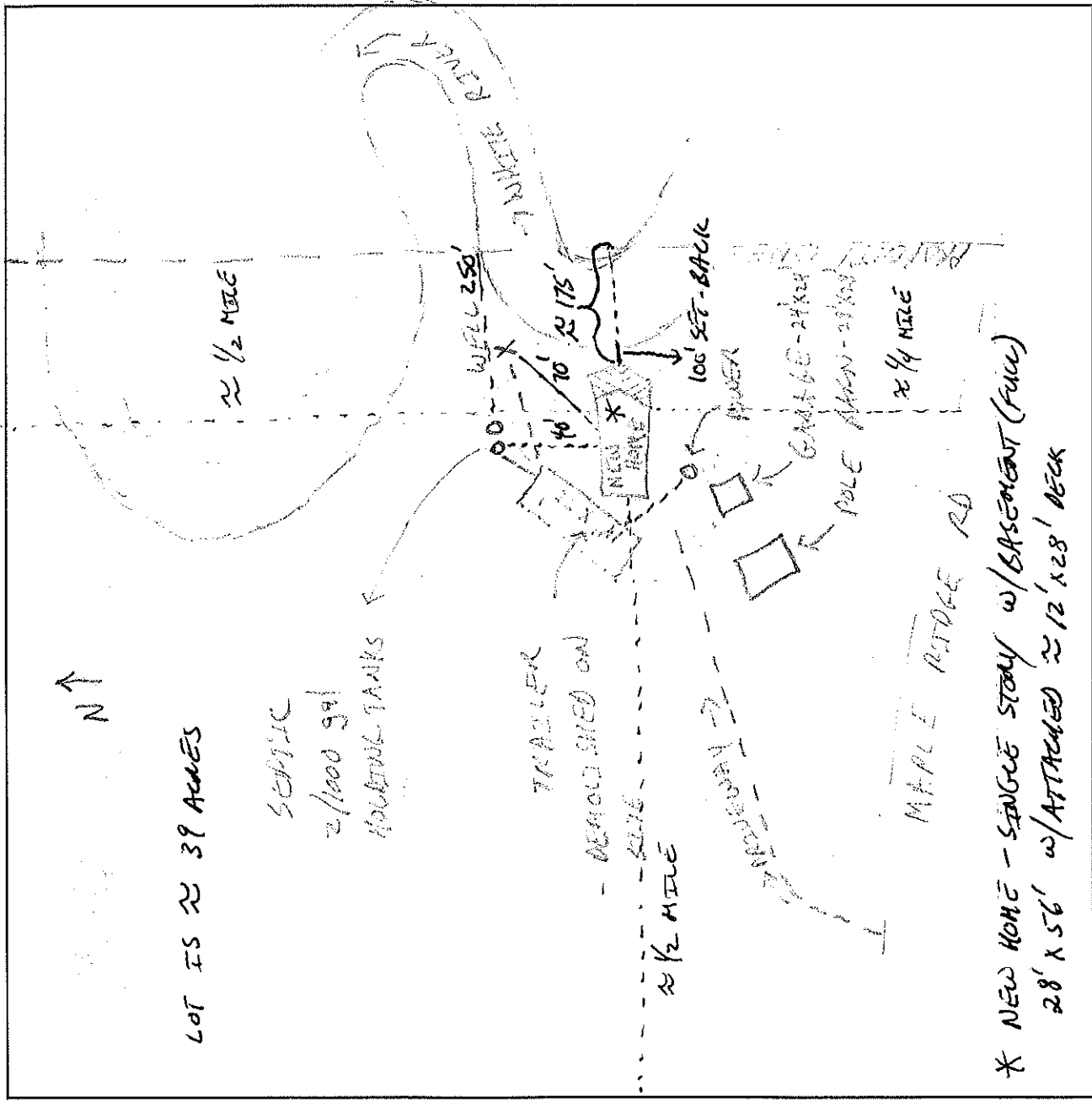
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: Temp. State Sanitary Number 1556 Date 8/05/10
 Date 10/27/10 Permit Number 1556 Permit-Denied (Date) 6/05/10
 Reason for Denial: _____
 Inspection Record: SITE OK FOR THE PROPOSED AMERICAN HOME (SEMI)
AS WANTED BY APPLICANT By [Signature] Date of Inspection 8/05/2010 Variance (B.O.A.) # _____
 Mitigation Plan Required: Yes No X
 Condition: ABOUT HOME WILL BE DEMOLISHED OR DEMOLISHED ON SITE
 Signed [Signature] Date of Approval 8/26/2010
 Inspector _____ Rec'd for Issuance _____

AUG 27 2010

Secretarial Staff

Lot Line



Name of Frontage Road (Maple Ridge Rd)

1. Name the location, size and direction, 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.