

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
 Class 5
 SEP 23 2011

Application No.: 12-0058
 Date: 4-19-12
 Zoning District: A-1
 Amount Paid: \$175.00
 \$480.00 9/23/11

Bayfield Co. Zoning Dept.

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 SUD 1/4 of SUD 1/4 of Section 20 Township 46 North, Range 5 West, Town of KELLY
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 34.501

Volume 818 Page 187 of Deeds Parcel I.D. ~~026104104000~~ 04-026-2-44-05-26-2-1001

Property Owner CRAG & SUSAN GILBAUGH Contractor BOB BLAUBACH (Phone) 715-682-0038

Address of Property 60355 BEEBE ROAD Plumber TONY BROWN

Manuel W/ 54854 Authorized Agent _____ (Phone) _____

Telephone 373-8740 (Home) 682-5333 (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 1

Fair Market Value 150000 Square Footage 1700 Sanitary: New _____ Existing Privy _____ City _____

USE: 2244 Type of Septic/Sanitary System Manuel

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ 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. 1 Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) 357 396 Commercial Other (explain) _____

Residence sq. ft. 17700 Garage sq. ft. 1800 Residential Addition Alteration (explain) _____ 110x22

Residential Addition Alteration (explain) _____ Special/Conditional Use (explain) Residence in A-1

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (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) [Signature] Date 3-23-11
 Address to send permit P.O. Box 126, ASHLAND, WI. 54806
 ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

* See Notice on Back

Permit Issued: _____ State Sanitary Number 486393 Date 5-11-06

Date 4-19-12 Permit Number 12-0058 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well installed. Mutual network Property Owner's

representations By MM Tuttle Date of Inspection 4-12-12

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

Condition: _____

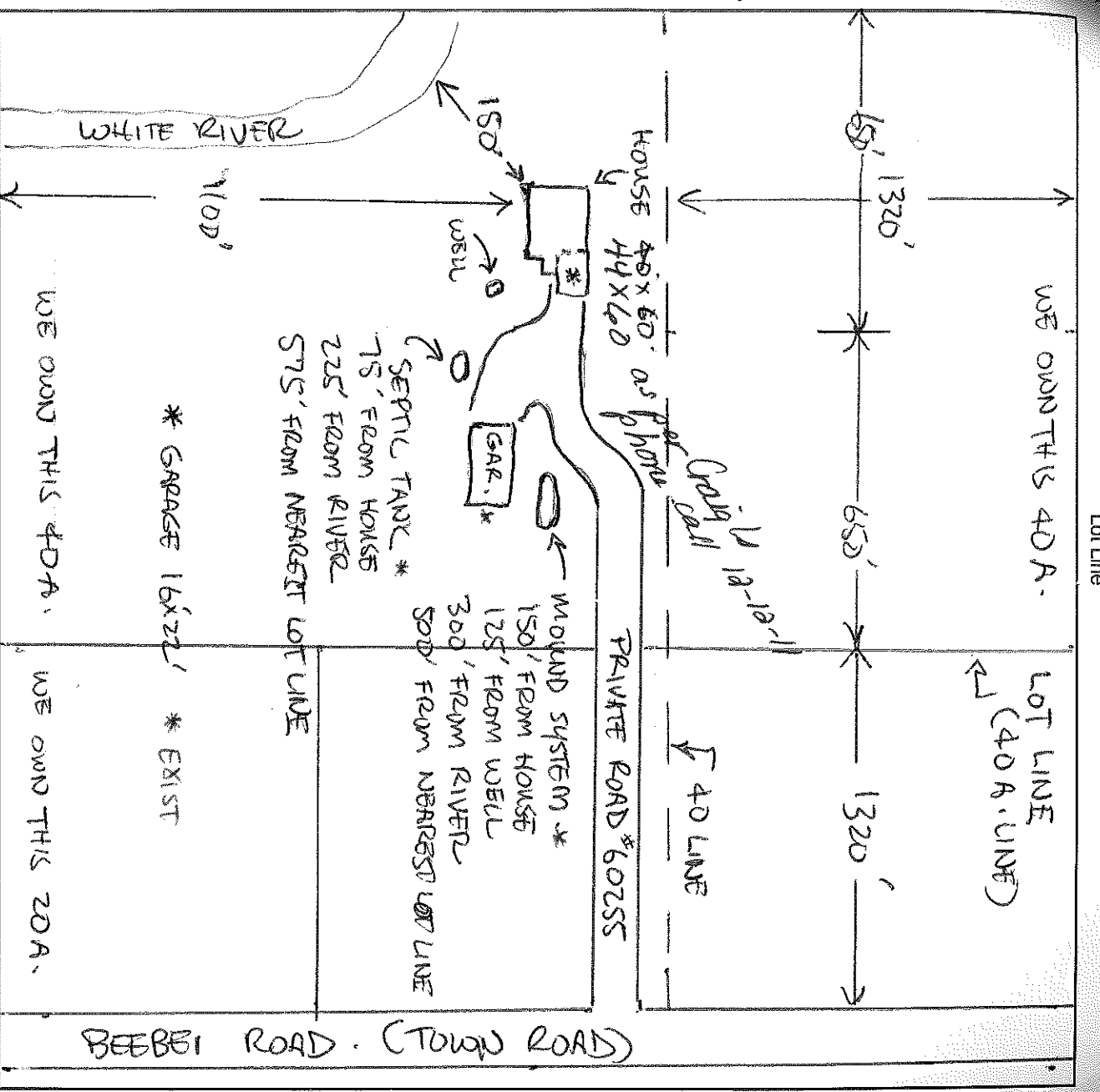
Rec'd for Issuance _____

Signed Michael Tuttle Date of Approval 4-13-12

APR 19 2012
 Secretarial Staff
 Inspector

New Measurements as per Craig 12-12-11 1050 pm

ENTERED



Name of Frontage Road (BEEBE)

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.

ISSUED w/ MEASUREMENTS ON FRONT