

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 06 2009
 Bayfield Co. Zoning Dept

Application No. 09-0332
 Date: _____
 Zoning District Dg-1
 Amount Paid: 75-8/6/09 my

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: N 1/2 SW 1/4 of NW 1/4 of Section 28 Township T47N North, Range 06 West, Town of Keystone
 Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
 Volume 786 Page 190 of Deeds Parcel I.D. 04-028-2-47-06-28-2 03-000-10000

Property Owner Randall + Lori Carlson Contractor Self (Phone) _____
 Address of Property Mason, WI 54856 Plumber _____
 Authorized Agent _____ (Phone) _____

Telephone 715-746-2205 (Home) 715-682-9664 (Work)
 Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No **if yes.**
 Structure: New Addition _____ Existing _____
 Fair Market Value \$10,000 Square Footage 768
 USE: * Residence or Principal Structure (# of bedrooms) _____
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes _____ No Number of Stories 1 w/loft
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System Holding tank
 Mobile Home (manufactured date) _____

- 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) 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) Randall R Carlson Date 8/6/09
 Address to send permit 65635 Nardin Rd Mason WI 54856 ATTACH _____

* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number _____ Date _____
 Date 8/12/09 Permit Number 09-0332 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: Meets code requirements per owners representation. Proposed garage location stated.
 By Travis Tubowitzky Date of Inspection 8/10/2009

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

Condition: No human habitation.

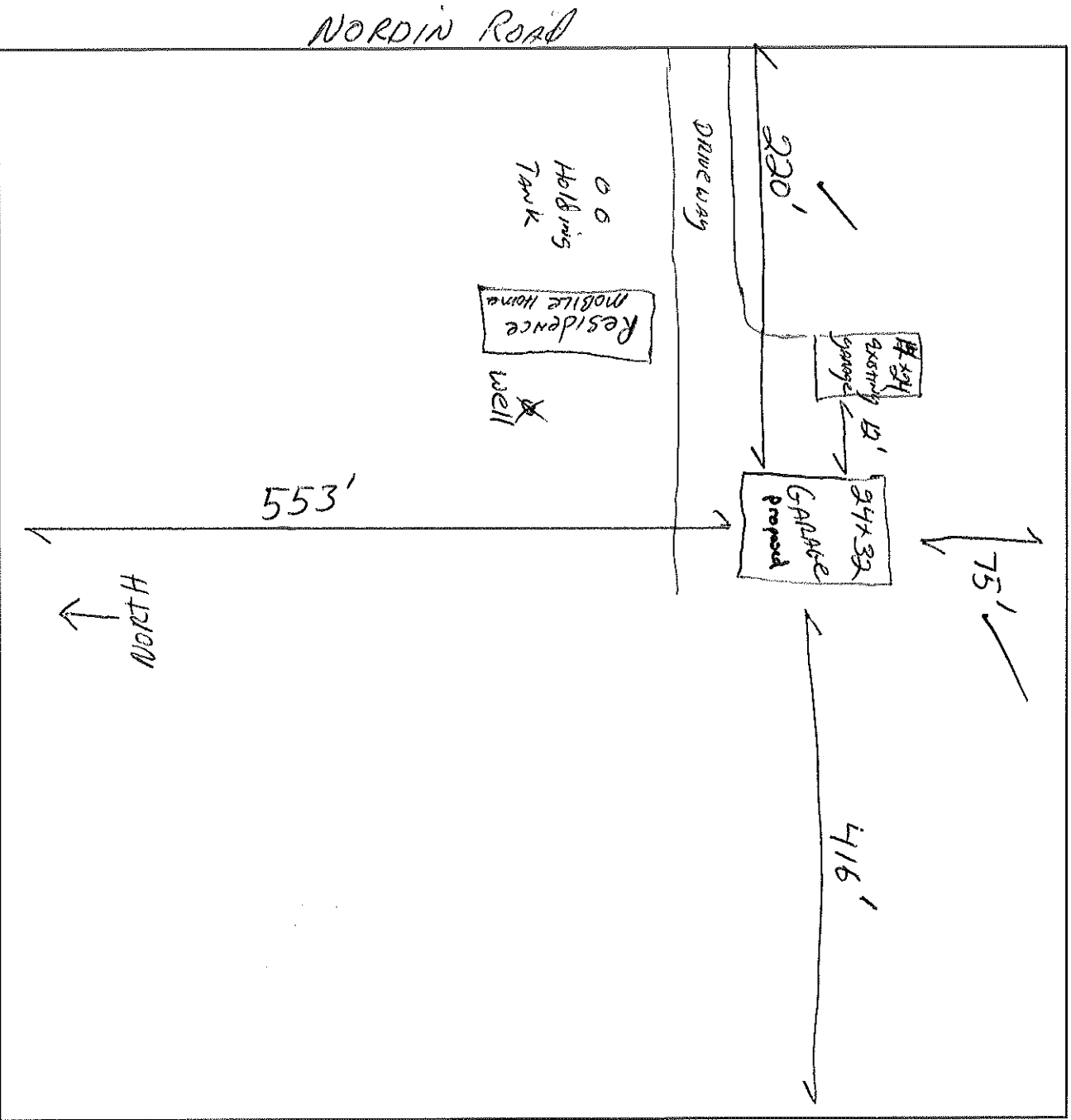
Signed Travis Tubowitzky Date of Approval 8/10/2009
 Inspector _____

Rec'd for Issuance

AUG 11 2009

Secretarial Staff

Lot Line



Name of Frontage Road (Nordin 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.
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.