

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 30 2012
 Bayfield Co. Zoning Dept.

Application No: 12-0349
 Date: 9-12-12
 Zoning District: F1
 Amount Paid: \$240.00 EOS
8/50/12

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 1 set of notes
 Legal Description SW 1/4 of NE 1/4 of Section 14 Township 45 North, Range 5 West Town of Lincoln

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSW # _____ Acreage 30

Volume 1075 Page 634 of Deeds Parcel I.D. 04080245051410300010000

Property Owner John Grauer, HARVEY GRAUER Contractor Steve Geiser (Phone) (715) 202-6554

Address of Property 29600 FOUR CORNERS Plumber _____

STATE RD, Mason, WI 54856 Authorized Agent _____ (Phone) _____

Telephone (715) 765-4465 (Home) _____ (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 864' Existing _____ Basement: Yes No Number of Stories 1

Fair Market Value 80k Square Footage 864 Sanitary: New _____ Existing Privy _____ City _____

USE: _____ Type of Septic/Sanitary System compartments toilet

* 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. _____ Commercial Accessory Building Addition (explain) _____

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

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

Residential Accessory Building (explain) _____

Residential Addition / Alteration (explain) work shop / studio

Residential Other (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

External Improvements to Accessory Building (explain) _____

External Improvements to Accessory Building (explain) _____

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External Improvements to Accessory 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) [Signature] Date 27 Aug. 2012
 Address to send permit 29600 FOUR CORNERS STATE RD.
 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 _____ Date _____

Date 9-12-12 Permit Number 12-0349 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well Staked. Most all setbacks. Property line per owner's representation BY Mr. Furtals Date of Inspection 9-7-12

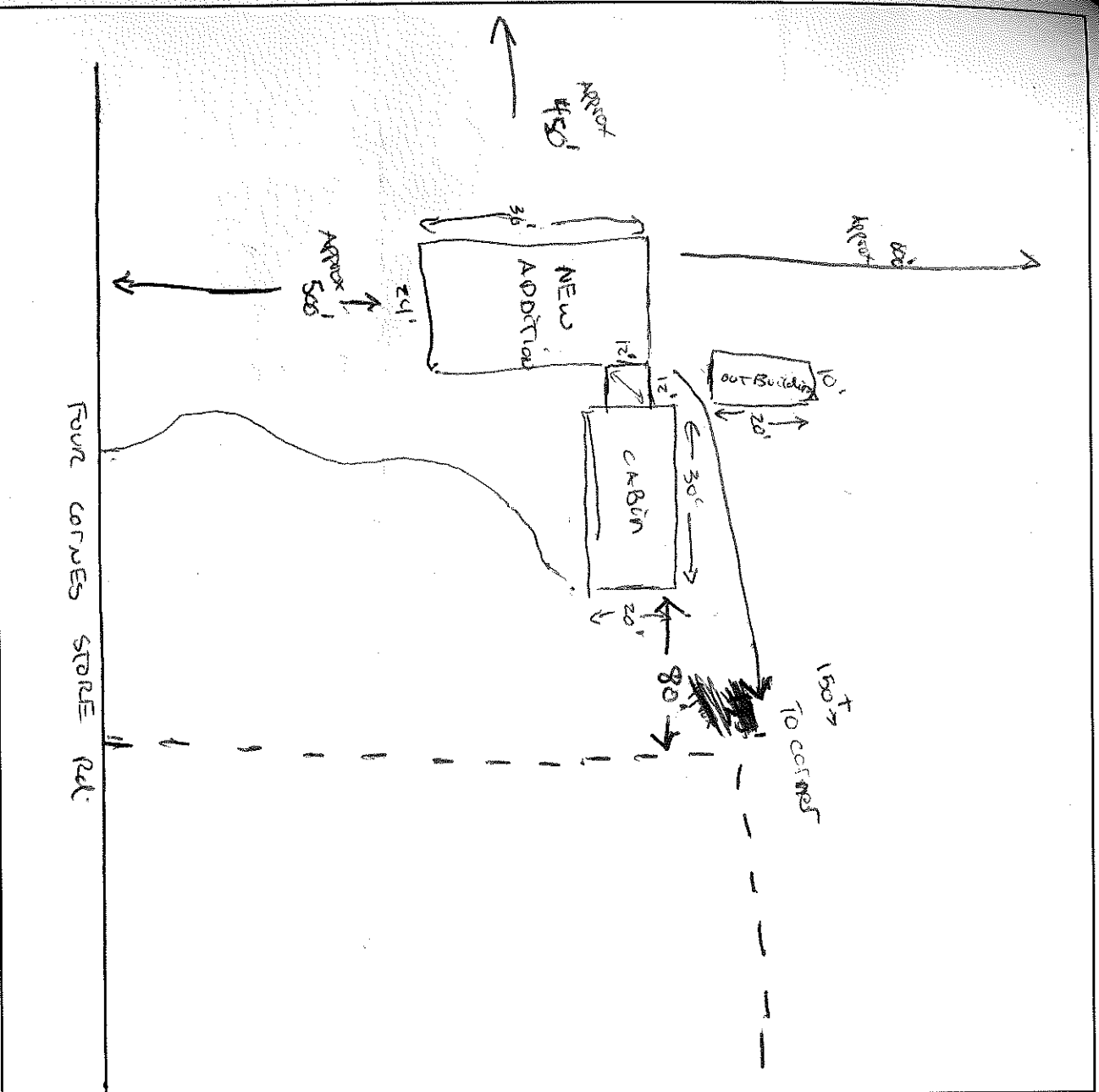
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: No water under pressure in structure.

Rec'd for Issuance SEP 12 2012 Signed Michael Swital Date of Approval 9-10-12

Secretarial Staff





Name of Frontage Road Four Corners Store 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.
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.