

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
 JUL 03 2006
 Bayfield Co. Zoning Dept.

Application No: 10-0077
 Date: _____
 Zoning District: AG-1
 Amount Paid: 75.00 Cash
715106 RDS

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.

Receipt # 7580 Not refundable
pd \$75 3/31/10 mg

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Legal Description SW 1/4 of SE 1/4 of Section 2 Township 46 North, Range 6 West, Town of MASON

Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 2

Volume 947 Page 96-98 of Deeds Parcel I.D. # 032100405 Use Tax Statement for Legal Description

Property Owner: PAT M. STARR 04-022-2-46.00-2-403-0002000 Contractor Self (Phone) _____

Address of Property 62390 Mastello Rd. Plumber _____

Mason, WI 54856 Authorized Agent _____ (Phone) _____

Telephone 612 778 5836 (Home) 612 333 5799 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition Existing _____

Estimated Cost of Construction 5000.00 Square Footage 1820

Basement: Yes _____ No Number of Stories 1

Sanitary: New _____ Existing _____ Privy _____ City _____

USE: No POWTS

- * 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) pole barn 28x65
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- External Improvements to Accessory Building (explain) _____
- External Improvements to Principal Building (explain) _____
- Mobile Home (manufactured date) _____
- 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 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 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 zoning 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 7-03-06
 Address to send permit 2636 29th Ave. S. MOIS MN 55406 ATTACH
 Copy of Tax Statement

* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 4/14/10 Permit Number 10-0077 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Enforcement case at time of inspection 27 unlicensed/inoperable vehicles parked on property six cars have been removed to date. 7/07/2006 + 4/14/2010
 By Travis Tulowitzky Date of Inspection 7/07/2006 + 4/14/2010
Proposed structure location is under overhead powerline. Substantiated record

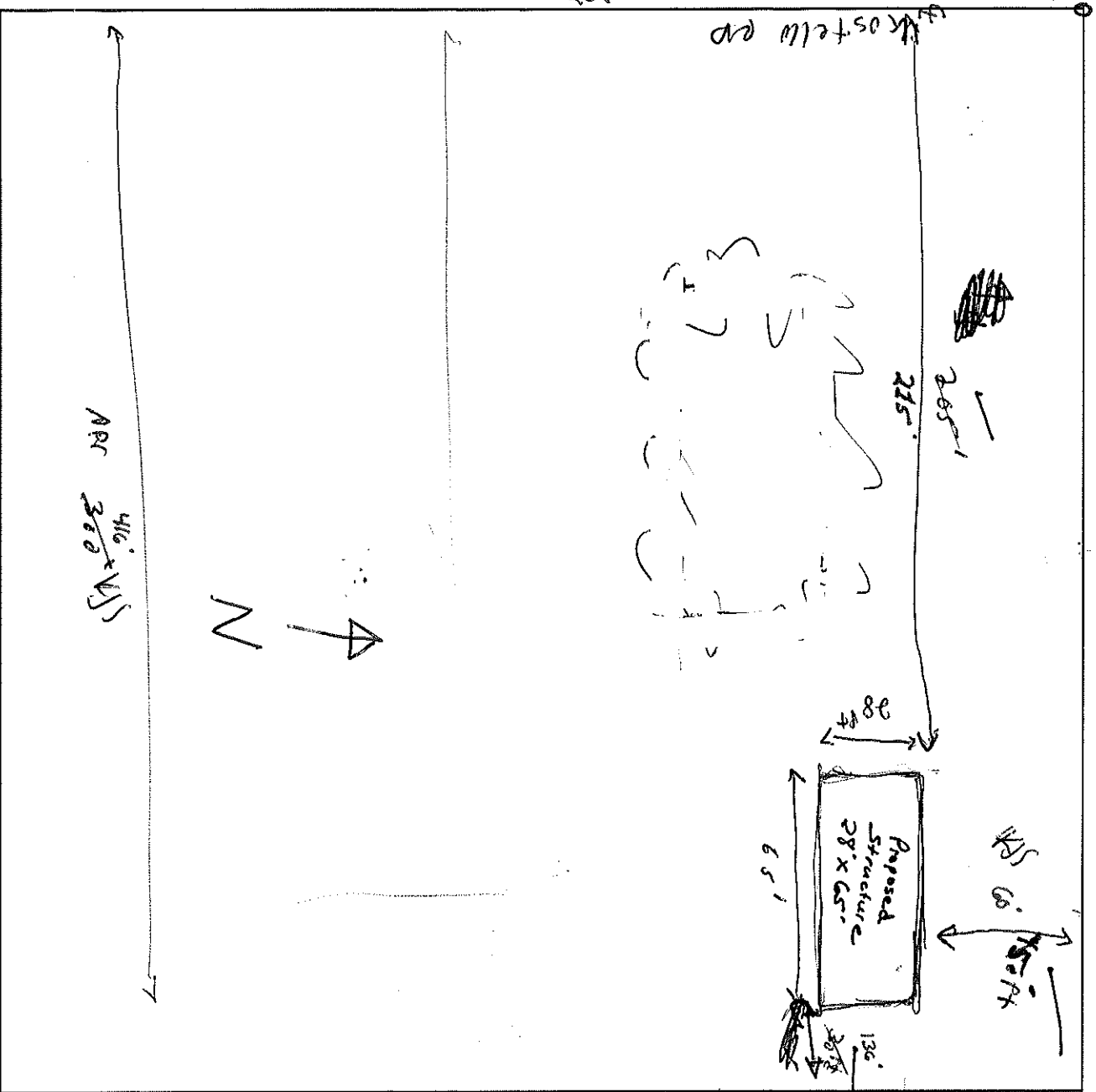
Mitigation Plan Required: Yes No Variance (B.O.A.) # U. 297 P-279

Condition: no human habitation.

Signed Travis Tulowitzky Date of Approval 4-13-2010
 Inspector

Centerline
Kostello Rd

Lot Line



Name of Frontage Road (_____)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.