

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
 JUN 23 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0208
 Date: 7-8-11
 Zoning District: A-1 Class 3
 Amount Paid: \$75.00 PDS
61-7/5/11

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.

part of

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Use Tax Statement for Legal Description

Legal Description NE 1/4 of SE 1/4 of Section 13 Township 46 North, Range 6 West Town of Mason
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 7.75

Volume 1,021 Page 765 of Deeds Parcel I.D. 04-032-2-46-06-13-4-01-000-30000

Property Owner Clayton Jeter Contractor self (Phone) _____

Address of Property Mason WI 54856 Plumber _____ (Phone) _____

Telephone 715 765 4102(Home) 292-3268 (Work) Authorized Agent _____ (Phone) _____

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 \$ 15,000 Square Footage 1,280 Sanitary: New _____ Existing Privy _____ City _____

USE: _____ Type of Septic/Sanitary System CONV

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

Residence sq. ft. _____ Commercial Principal Building _____

* Residence wideck-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) _____

Residence sq. ft. _____ Garage sq. ft. _____ External Improvements to Accessory Building (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) pole building (32x48) 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 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) Clayton Jeter Date 6/15/11
 Address to send permit 61485 US Hwy 63 Mason, WI 54856 ATTACH _____
 * See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 7-8-11 Permit Number 11-0208 Permit Denied (Date) _____

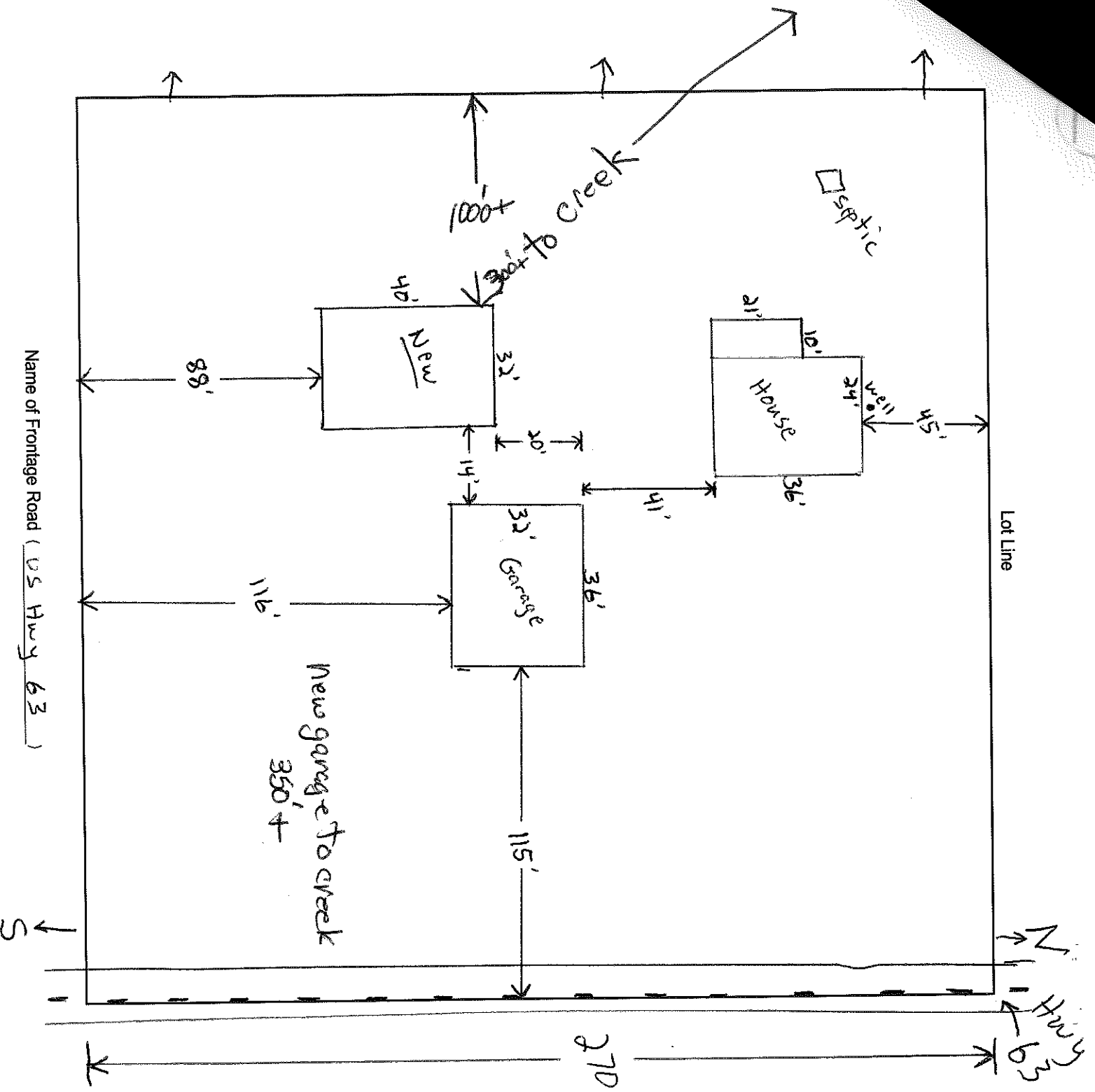
Reason for Denial: _____
 Inspection Record: Well staked! Meets all setbacks. Property lines per owner representation By M. Fustal Date of Inspection 6-29-30

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

Condition: Not to be used for human habitation. No water under pressure in structure.

Signed Michael Fustal Date of Approval 7-1-11
 Inspector _____

Fused to 04-032-2-46-06-13-4 01-000-30000



Name of Frontage Road (US Hwy 63)

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.