

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
 MAY 09 2011

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.

Application No.: 11-0139
 Date: 6-1-11
 Zoning District: RRB, R-2
 Amount Paid: \$585 to PDS
5/9/11

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

Use Tax Statement for Legal Description

Legal Description SE 1/4 of SE 1/4 of Section 17 Township 43 North, Range 6 West, Town of Namakagon
 Gov't Lot 1 Lot 2 Block _____ Subdivision V.10 P.82 CSM # 1697 Acreage 5.18

Volume 1041 Page 430 of Deeds Parcel I.D. 04-034-2-43-06-17-405-001-62000

Property Owner: Eric Schram Contractor Northern Concrete Works (Phone) 715-635-2299
 Address of Property (Fire # applied for) Helms Point Rd. Cable WI 54821 (Property Drive marked by Green + Pink Flagging) Plumber Willie Kaufmann 715-416-0190

Telephone 715-798-5154 (Home) 706-280-4107 (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 \$195,000 Square Footage 1,964 Sanitary: New Existing Privy City _____

USE: Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System Plumber is doing soil test
 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. 352 ft² Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____
 Residence w/attached garage (# of bedrooms) 2 Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. 988 ft² Garage sq. ft. 624 ft² Commercial Other (explain) _____
21' x 26'

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____
 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 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 5-5-11

Address to send permit 43200 Hemlock Ct., Cable, WI 54821 ATTACH _____
 Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number 11-245 Date 5-25-11
 Date 6-1-11 Permit Number 11-0139 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Meter all attached. Property lines per owner's agenda representation. By Mr. Furdak Date of Inspection 5-27-11

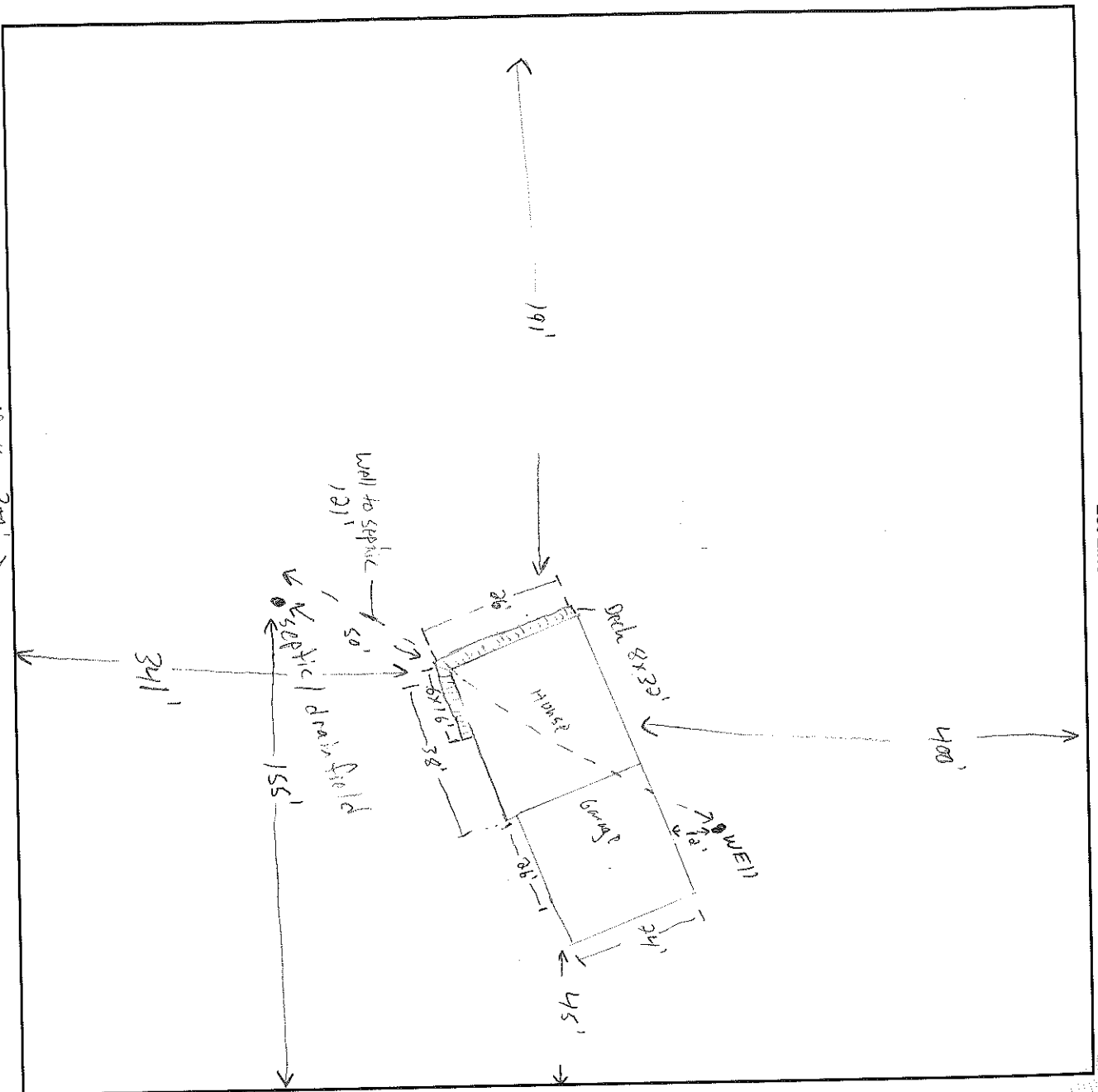
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed Michael Furdak Date of Approval 6-1-11
 Inspector



← 300.69' →
Lot Line



← Approx 300' →
Name of Frontage Road (Helms Pt. 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.