

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 15 2008
 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: 08-0442
 Date: 8-7
 Zoning District: R-1B/-
 Amount Paid: \$250.00 POS
8/15/08

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
 Legal Description: NE 1/4 of NE 1/4 of Section 35 Township 50 North, Range 09 West, Town of ORIENTA
 Gov't Lot 1 Lot 2 Block _____ Subdivision _____ CSM # 1350 V.8 P.1/82 Acreage 4.5

Volume 8 Page 162 of Deeds Parcel I.D. # 04-036-2-50-09-35-105-DI-1000 Use Tax Statement for Legal Description
 Property Owner Robert + Karen Dincan (Dincan) Contractor Owner (Phone) 851-343-7044
 Address of Property 82875 Airport Rd. Plumber _____

Telephone 651-257-2776 (Home) 651-343-7044 (Work) Authorized Agent _____ (Phone) _____
 Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition Existing _____
 Estimated Cost of Construction 95,000 Square Footage 896 Sanitary: New _____ Existing Privy _____ City _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) 1
 Residence sq. ft. 896 Porch sq. ft. 264
 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) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

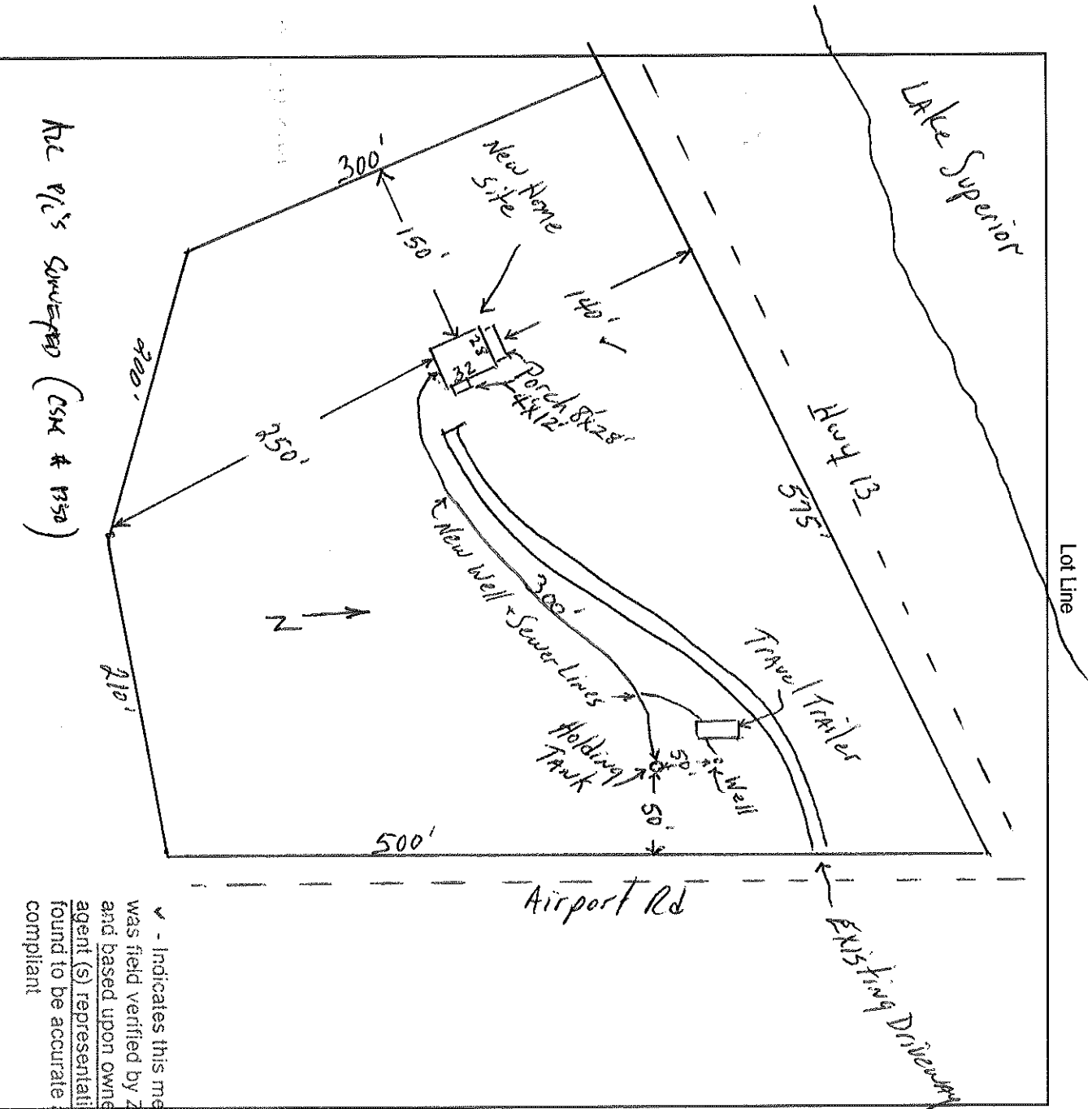
Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes No Number of Stories 1 1/2
 Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

Owner or Authorized Agent (Signature) Karen Dincan Date 8-8-08
 Address to send permit P.O. Box 430 - Chicago City, Mn. ATTACH
 Copy of Tax Statement
 Attach a Copy of Recorded Deed

* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: State Sanitary Number 235436 Date 1945
 Date 8/21/08 Permit Number 08-0442 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO MEET CODE REQUIREMENTS + CD PERMIT BY DCX Date of Inspection 8-9-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A UNIFORM DRAINAGE CODE (UDC) PERMIT FROM THE COUNTY OUTDATED UDC (INSTEAD MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION)
 Signed [Signature] Inspector 8-16-08
REC'D FOR PERMIT APPROVAL
Aug 21 2008

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.

19
 Badly street 05-0572
 Secretarial Staff



Above - Hwy Site Use (Kendler)
 Name of Frontage Road (Airport 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 - (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.