

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 375-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

Cell: 612-205-1996
 612-205-1996

RECEIVED

JUL 23 2010

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 Stairway

Use Tax Statement for Legal Description

Legal Description W 1/2 1/4 of Section 36 Township 50 North, Range 09 West, Town of Oriente
 Gov't Lot 1 Block --- Subdivision --- CSM # --- Acreage N/A
 Volume 786 Page 684 of Deeds Parcel I.D. 04-036-2-50-09-36-2 OS-001-60000

Property Owner Wayne Jensen Contractor Self/Kenred G (Phone) _____
 Address of Property 82860 Airport Rd Plumber _____
 Authorized Agent _____ (Phone) _____

Best Cell Port Wing cell 54865 1043
 Telephone 612-205-1996 (Home) 612-721-1000 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition Existing _____
 Fair Market Value 1,000.00 Square Footage 250 Ft²
 Sanitary: New _____ Existing _____ Privy _____ City _____

- USE:**
- * 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) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) Stairway

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) Wayne Jensen Date 7/23/10

Address to send permit 2717-13th Ave So. MPLS. MN 55407 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 8/2/10 Permit Number 10-02269 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Conditions which must stand for lake access doors taken, garbage will not be stored
 By DC Date of Inspection 7-24-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

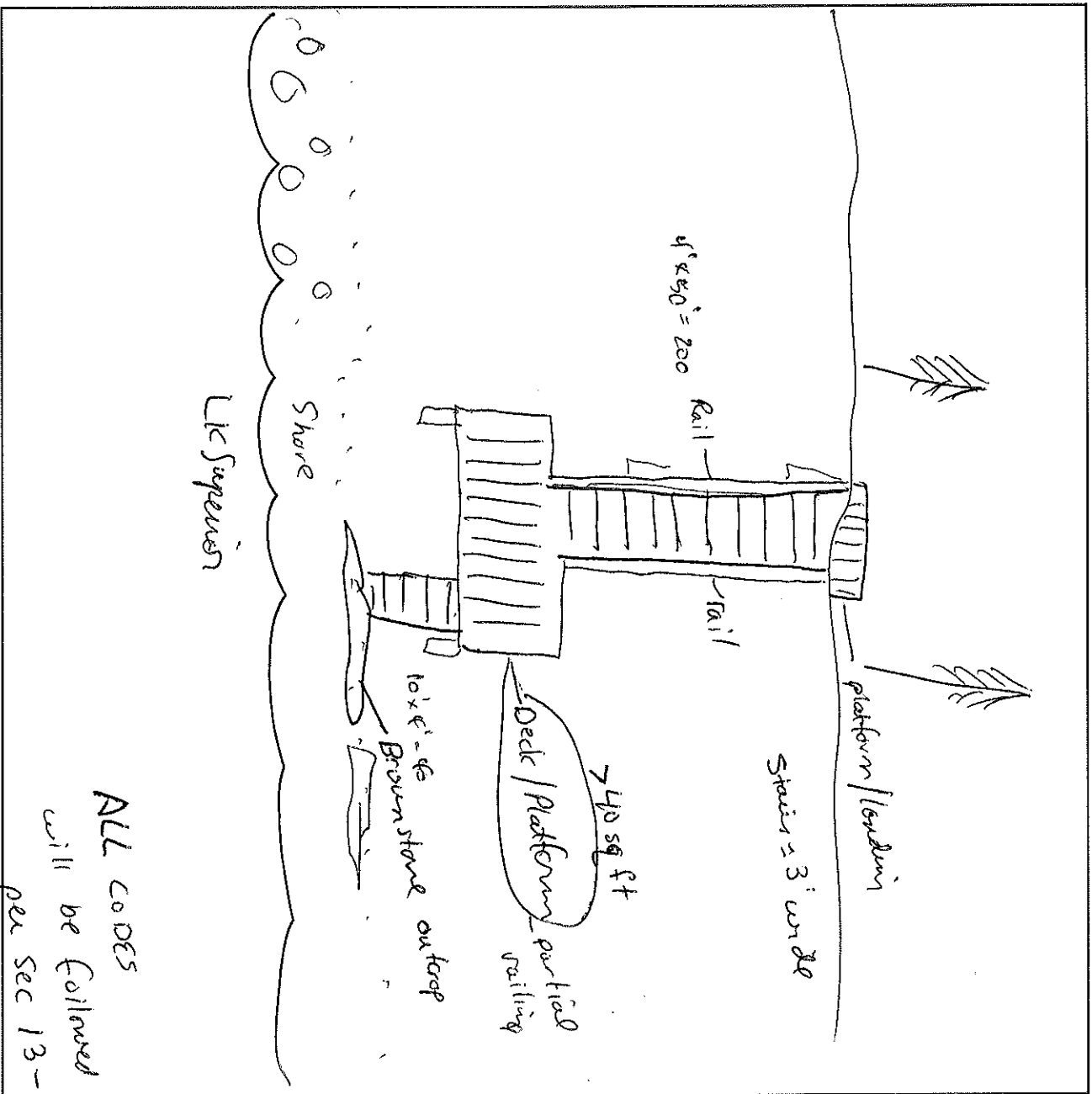
Signed [Signature] Inspector _____
 Date of Approval 7-24-10

Rec'd for Issuance Rec'd for Invoice

(DC was on vaca.) → AUG 9, 2010 JUL 30 2010
 Secretarial Staff Back to DC for Fmly/lt Secretarial Staff

12

Lot Line



ALL CODES
will be followed
per Sec 13-11-22

Name of Frontage Road (Hwy 13)

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.