

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 23 2011  
 Bayfield Co. Zoning Dept.

Application No: 11-0162  
 Date: 6-13-11  
 Zoning District: R20/C1/MS1  
 Amount Paid: \$125.00 BOS  
5/24/11

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.

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

Use Tax Statement for Legal Description  
 Legal Description \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of Section 35 Township 50 North, Range 9 West, Town of Orienta  
 Gov't Lot \_\_\_\_\_ Lot 2 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1093 Acreage 1.464

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. 01.026.2.50-09.35.1-05-002-2000  
 Property Owner Cherie Bender, Betty Bender, Donna Hedin Contractor Self (Phone) 551-439-4405

Address of Property NO ADDRESS Plumber Tony Polkaski, Jay Larson  
St. Highway 13, Port Wing, WI 54885 Authorized Agent Tack Bender (Phone) 551-439-4405  
 Telephone 551-439-4405 (Home) \_\_\_\_\_ (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   
 Fair Market Value 200,000 Square Footage 254 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
 USE: 45,000 Type of Septic/Sanitary System Holding Tank  
 Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_  
 Residence w/deck-porch (# of bedrooms) 1 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Residence sq. ft. 384 Deck sq. ft. \_\_\_\_\_ Commercial Accessory Building (explain) \_\_\_\_\_  
 Deck sq. ft. 165 Deck(2) sq. ft. \_\_\_\_\_ Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ Commercial Other (explain) 2 topsoil ducting's  
 Residential Addition / Alteration (explain) \_\_\_\_\_ Special/Conditional Use (explain) 1 SHORT TERM RENTAL!  
 Residential Accessory Building (explain) \_\_\_\_\_ External Improvements to Principal Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_ External Improvements to Accessory Building (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

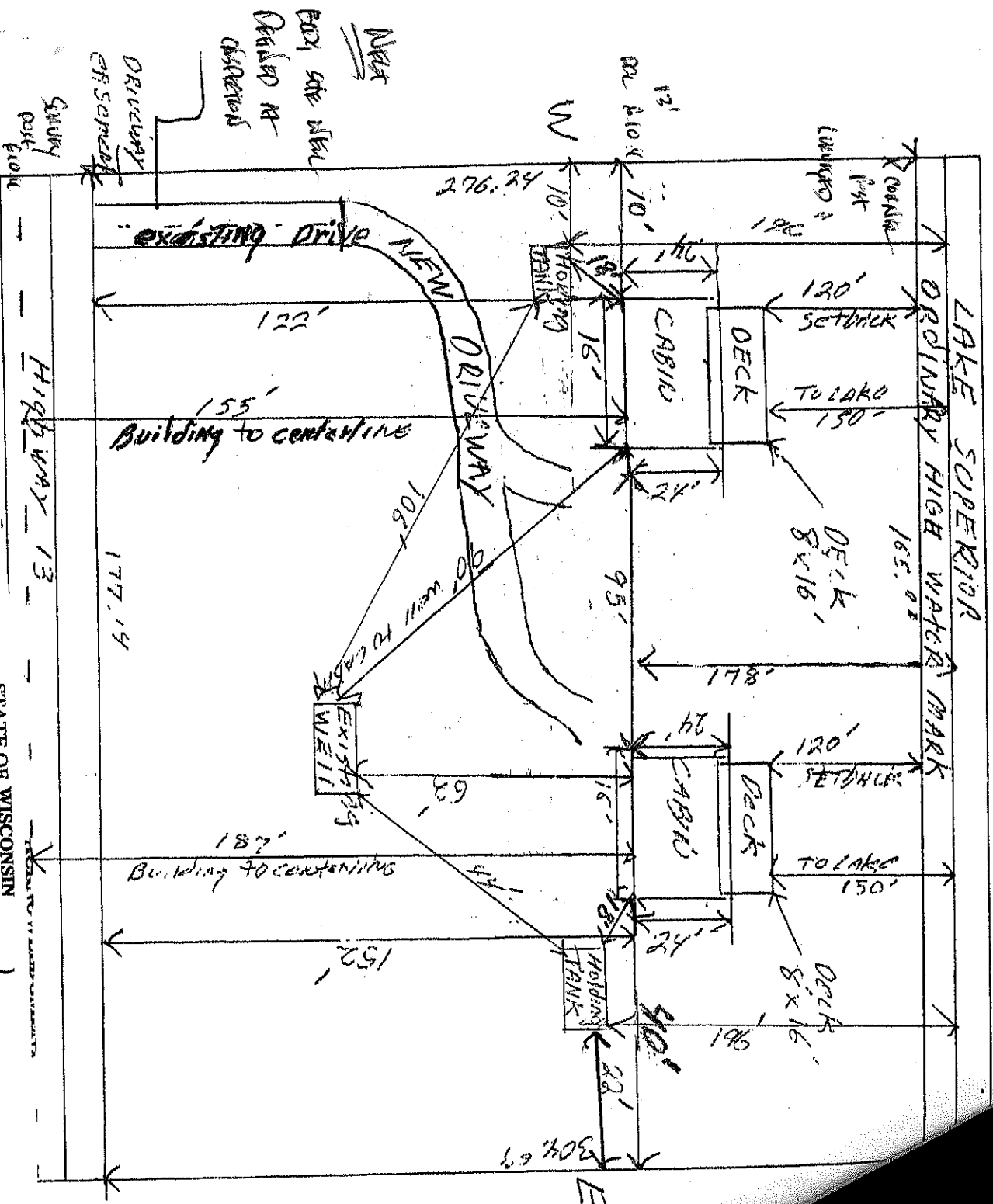
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) Jan Bender Date 5/20/2011  
 Address to send permit 5323 St. Louis Tr. N. Stillwater, MN 55082 ATTACH  
 \* See Notice on Back  
 APPLICANT - PLEASE COMPLETE REVERSE SIDE  
 Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: 16 State Sanitary Number 11-315 Date 6.2.11  
 Date 6-13-11 Permit Number 11-0162 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: None  
 Inspection Record: Best Available Services/Conditions As Represented By Aler Approved to be done comment  
200. Permit likely BE ISSUED BY (Initials) DB Date of Inspection 6.2.11/6.10.11  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: A UNUSUAL OBSTACLE GOE (OOE) RESULT FROM THE WORKY CONSTRUCTED OOE OBSTRUCTION  
KEYS MUST BE OBTAINED FROM THE STATE OF CALIFORNIA  
STAINLESS #12 = 120'  
 Signed [Signature] Inspector 6.2.11/6.10.11  
Identify ALL Copy or CSN ALL ALL IDENTIFIED IN 6.10.11 Date of Approval \_\_\_\_\_

2 holding

N Lot Line



Signature(s) \_\_\_\_\_

authenticated this \_\_\_\_\_ day of \_\_\_\_\_

STATE OF WISCONSIN )  
Ashland County ) ss.

Personally came before me this 16<sup>th</sup> day of February 2006 the above named

Henry C. Martinsen, Managing Member of Martinsen Properties, LLC

TTTLE MEMBER STATE BAR OF WISCONSIN

(If not, \_\_\_\_\_  
authorized by § 706.06, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY

Wehner Law Office

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.  
Jana M. DiRobert NOTARY  
Notary Public, State of WISCONSIN  
My Commission is permanent. (If not, state expiration date: \_\_\_\_\_)  
JD-8

(Signatures may be authenticated or acknowledged. Both are not necessary.)

\* Names of persons signing in any capacity must be typed or printed below their signature.  
STATE BAR OF WISCONSIN  
WARRANTY DEED FORM No. 1 - 1999

