

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

SEP 14 2010

Application No: 10-0381
 Date: _____
 Zoning District A-1/-
 Amount Paid: 75 9/21/10 mg

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 SE 1/4 of SW 35 1/4 of Section 35 Township 4E North, Range 9 West, Town of COUL
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 4E

Volume Michael Mucka Page _____ Parcel I.D. 09-090-2-4E-09-75-3 of. 000-10000
 Property Owner Michael Mucka Contractor See (Phone) _____
 Address of Property IRON RIVER WI 54847 Plumber _____
IRON RIVER WI 54847 Authorized Agent _____
 Telephone 715-372-8203 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No **if yes.**
 Structure: New _____ Addition Existing _____
 Fair Market Value 2600 Square Footage 420 400 Existing _____
 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) ADDITIONAL GARAGE
- 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) Michael Mucka Date 9/14/2010
 Address to send permit 5455 WALKER RD IRON RIVER WI 54847 ATTACH _____

* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 9-21-10 Permit Number 10-0381 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: INTERNAL SEPTIC/CONDITONS AS REPRESENTED BY ASHL APPEALS TO BE CODE
COMPLIANT F.W. RESULT MAY BE ISSUED By DR Date of Inspection 9-16-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector _____ Date of Approval 9-16-10
 Rec'd for Issuance

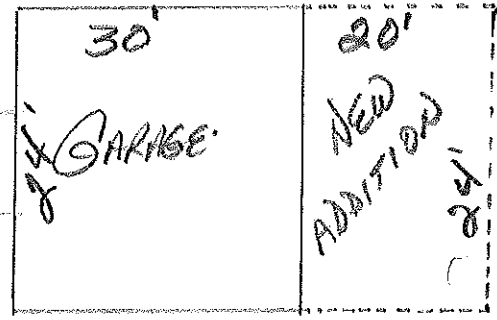
WALCIN RD (DEAD END)

FIELD

PROPERTY LINE

350' FIELD

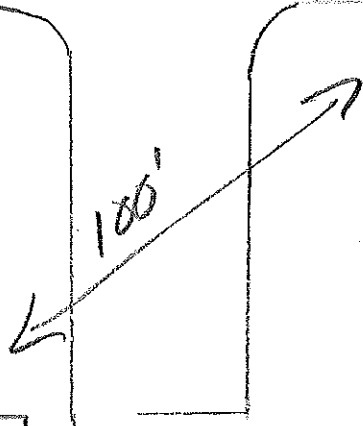
← 235' →
DRIVEWAY



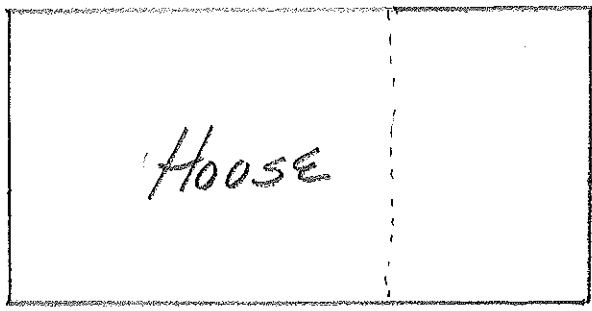
POLE BUILDING
APPROX 1035'

PROPERTY LINE

FIELD & WOODS



48'



40 ACRES

FIELD

APPROX 898'

PROPERTY LINE