

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 31 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0318
 Date: 9/9/11
 Zoning District: F-1/-
 Amount Paid: \$250.00 EDS
8/31/11

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 W470' 5470' SW 1/4 of SW 1/4 of Section 10 Township 48 North, Range 9 West, Town of DUND

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5

Volume _____ Page _____ of Deeds Parcel I.D. 04-038-2-48-02-10-3 03-000-20000

Property Owner David & Theresa Backlund Contractor ACT (Phone) _____

Address of Property 24180 Howe Line Rd Plumber _____

Iron River WI 54449 Authorized Agent _____ (Phone) _____

Telephone 715-591-8817 (Home) 715-591-4933 (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 95,000 Square Footage 440 sq ft Sanitary: New Existing Privy City _____
 USE _____ Type of Septic/Sanitary System A.F.

* Residence or Principal Structure (# of bedrooms) 3
 Residence sq. ft. (20 x 58) Mobile Home (manufactured date) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Principal Building _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

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) _____ External Improvements to Accessory Building (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) David C. Backlund Date 8-22-11

Address to send permit 10626 S. Washington Ave Washburn Wis 54899 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 32292 Date 9-9-11

Date 9/9/11 Permit Number 11-0318 Permit Denied (Date) _____

Reason for Denial: None

Inspection Record: Structure Settles/Adjusts for Raised Structure as Represented by other Agents to meet available permits By DDC Date of Inspection 8-29 9-8-11

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

Condition A UNOWN OBSERVE ONE CORNER FROM THE LOGS ADJUSTED AND OBSERVED
Agency must be obtained prior to the start of construction.

of the terms & conditions of the temporary permit may be required to the building materials have Rec'd for issuance

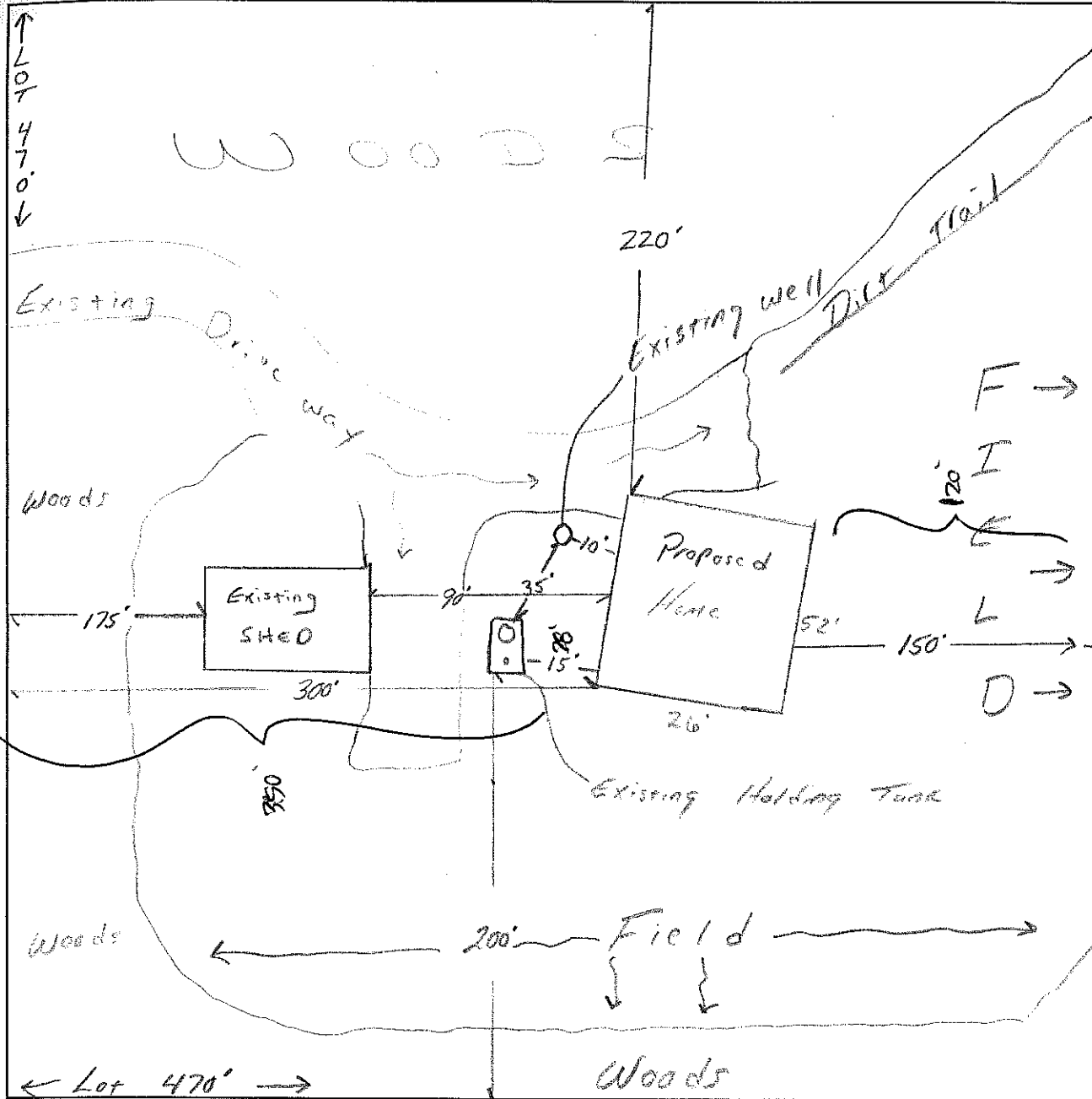
Signed [Signature] Inspector [Signature] Date of Approval 9-8-11
ACT SEP 9 2011

ATTACH TB34

Secretarial Staff

North ↑

Lot Line I own North Land



Haver Line Rd →

↑ Lot 470' ↓

Existing SHED

Proposed Home

Existing well

Existing Holding Tank

Field

IOWA East Land

← Lot 470' →



WELL SITED AT INSPECTIONS

Name of Frontage Road (Haver Line)