

ENTERED

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



Application No.: 08-0128
 Date: _____
 Zoning District: A-1-
 Amount Paid: \$75.5/1/08
RDS

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 Deck
 Legal Description: NE 1/4 of SW 1/4 of Section 36 Township 50 North, Range 8 West, Town of Pis

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20

Volume _____ Page _____ Parcel I.D.# 04-1061-03 Use Tax Statement for Legal Description

Property Owner: Wilson Rev. Trust John H + Joan V. Wilson Contractor: Tygar Bellegere (Phone) 774-3322
 Plumber: _____ Authorized Agent: R/A

Address of Property: 82440 Arney Rd.
Port Wing, WI 54865
 Telephone: 774-3323 (Home) (Work) _____ (Phone) _____

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 _____
 Estimated Cost of Construction 15000 Square Footage 140 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) _____
 - 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) Deck
 - External Improvements to Accessory Building (explain) _____

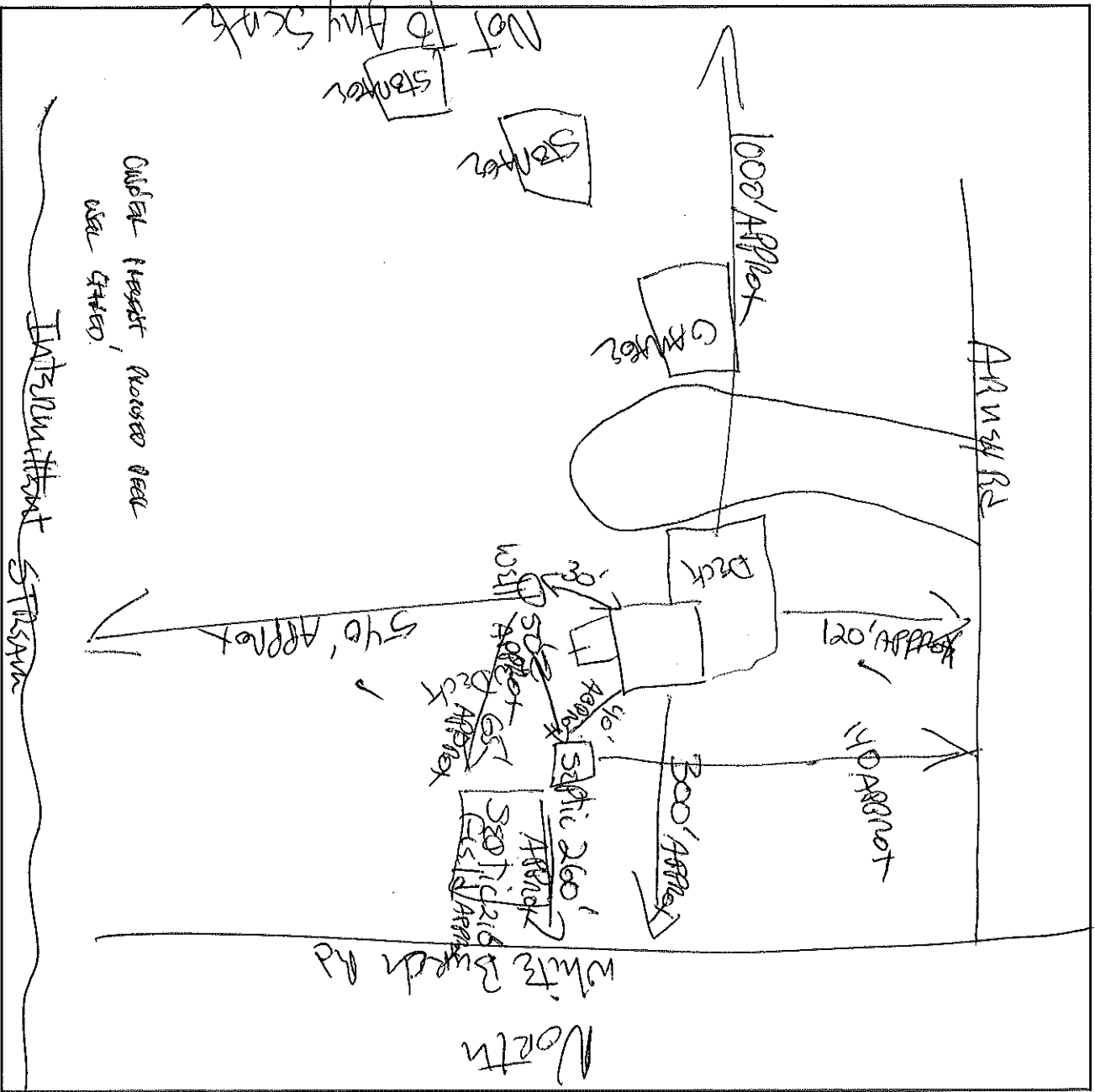
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): John H. Wilson Date: 04/30/08
 Address to send permit: 82440 Arney Rd., Port Wing WI 54865 ATTACH Copy of Tax Statement
 * See Notice on Back **APPLICANT - PLEASE COMPLETE REVERSE SIDE** If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date: 5/19/08 Permit Number: 08-0128 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structural Services/Conditions as requested by owner - Arney to be done
Contractor's L.O. permit info By: DOL Date of Inspection: 5-13-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed: [Signature] Date of Approval: 5-13-08
 Inspector: _____
 Rec'd for issuance

MAY 14 2008
 Secretarial Staff

Lot Line



Name of Frontage Road (Army 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.

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 14 2008
 Bayfield Co. Zoning Dept.

Application No.: 08-0138
 Date: _____
 Zoning District: C/-
 Amount Paid: \$125.00 ROS
5/14/08

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 _____
 Legal Description SE 1/4 of SW 1/4 of Section 28 Township 50 North, Range 8 West, Town of Port Wing
 Gov't Lot SW 1/4 of SW 1/4 Block Subdivision _____ CSM # _____ Acreage 1.94
 Volume 255 Page 284 of Deeds Parcel I.D. # 042-1066-07 Use Tax Statement for Legal Description _____
 Property Owner Everett Fisheries, Inc Contractor Bull Tractor (Phone) _____
 Address of Property 9250 Sunnyside Lane Plumber N/A
Port Wing, Wis 54865 Authorized Agent _____ (Phone) _____
 Telephone 715-774-3776 (Home) 715-774-3511 (Work) _____
 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
 Estimated Cost of Construction \$50,000 Square Footage 3000 Sanitary: New Existing Privy City Port Wing
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) _____
- Mobile Home (manufactured date) _____
- Commercial Principal Building _____
- Commercial Principal Building Addition (explain) Add on Freezer
(no storage locker)
- 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) _____

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) Everett Fisheries Date _____

Address to send permit P.O. Box 85 9250 Sunnyside Lane Port Wing, Wis 54865 ATTACH Copy of Tax Statement

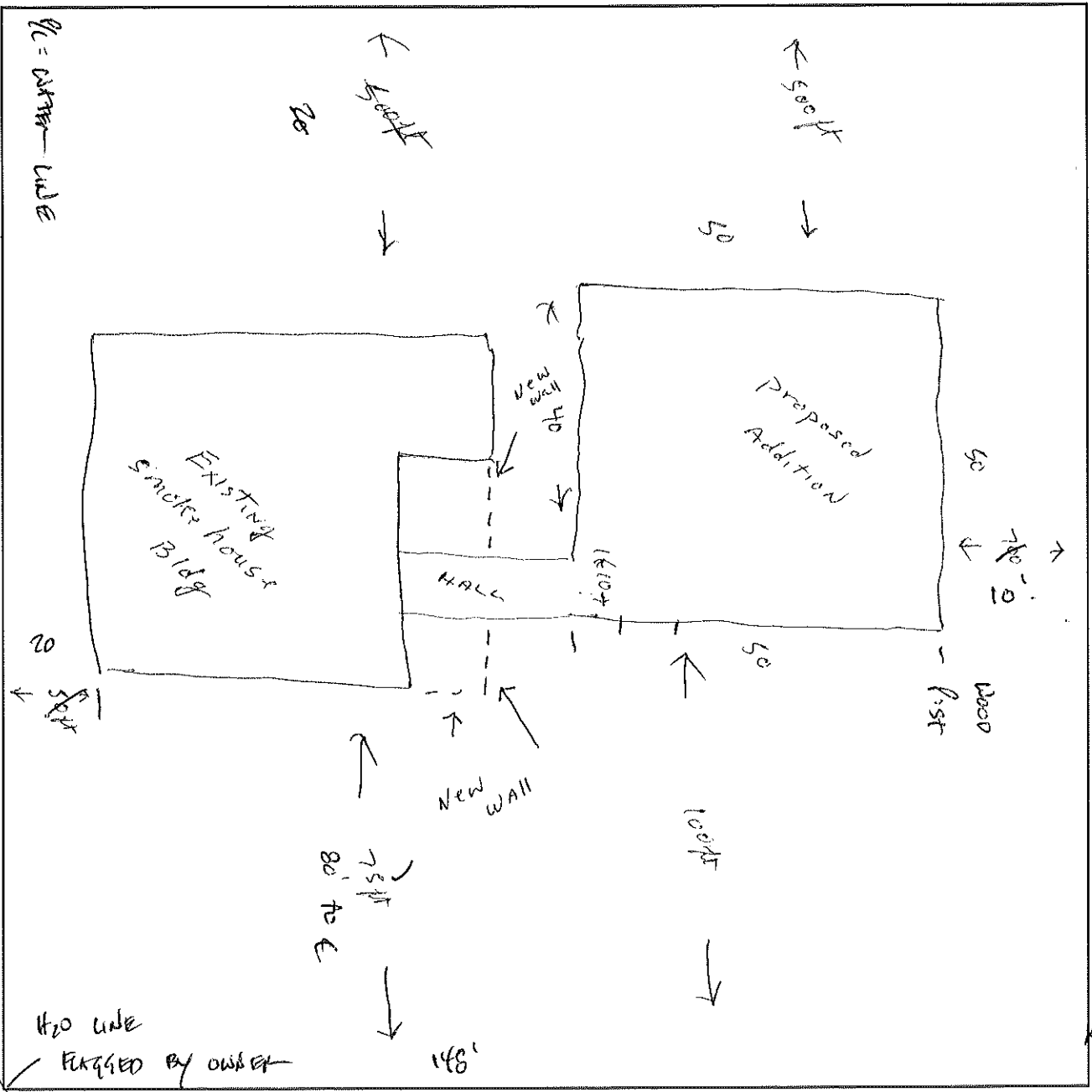
* See Notice on Back **APPLICANT - PLEASE COMPLETE REVERSE SIDE** If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number _____ Date _____
 Date 5/16/08 Permit Number 08-0138 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Proven Food/COO Storage Locker - Structural Setbacks & Conditions as determined by
owner - agrees to be OPE
Compliant & Permit may be stop DDC Date of Inspection 5-9-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed [Signature] Date of Approval 5-9-08
 Inspector Rec'd for Issuance

MAY 15 2008

Secretarial Staff



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. *N 8' N E*
4. Show the location of any lake, river, stream or pond if applicable. *N 8' N E*
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent. *N 8' N E*
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 *N 8' N E*
 - d. Septic tank to closest lot line *N 8' N E*
 - e. Septic tank to building *N 8' N E*
 - f. Septic tank to well *N 8' N E*
 - g. Septic tank to lake, river, stream or pond *N 8' N E*
 - h. Privy to closest lot line *N 8' N E*

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

- i. Privy to building *N 8' N E*
- j. Privy to lake, river, stream or pond *N 8' N E*
- k. Drain field to closest lot line *N 8' N E*
- l. Drain field to building *N 8' N E*
- m. Drain field to well *N 8' N E*
- n. Drain field to lake, river, stream or pond. *N 8' N E*
- o. Well to building *N 8' N E*

*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.
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