

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
 MAY 31 2011

Bayfield Co. Zoning Dept.

Application No: 11-0157
 Date: 6-9-11
 Zoning District: CF-
 Amount Paid: 185 - ADS - 6-1-11

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 NE 1/4 of SW 1/4 of Section 28 Township T. 50 North, Range 8 West, Town of PORT WISCONS
 Gov't Lot _____ Lot 1 Block _____ Subdivision CF-042-250-05-18-3-A-000-11100 CSM # W72 Acreage 0.80

Volume _____ Page _____ of Deeds Parcel I.D. _____

Property Owner CHRISTIAN WILLIAMS Contractor Chris Williams (Phone) 715-774-3105
 Address of Property 9375 ST HWY B Plumber _____ (Phone) _____
PORT WISCONSIN WI 54865 54865

Telephone 715-774-3109 (Home) 715-774-3109 (Work) Authorized Agent _____ (Phone) _____
 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 12,000 Square Footage 182 Sanitary: New _____ Existing Privy _____ City _____

USE: Residential or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System CITY
 Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) deck overlay & additional BAT area
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

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

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____
 Residential Accessory Building Addition (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 for the purpose of inspection.

Owner or Authorized Agent (Signature) Christy Williams Date 5-25-11

Address to send permit P.O. Box 20 PORT WISCONSIN 54865 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 CITY Date _____

Date 6-9-11 Permit Number 11-0157 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Quartz Sinks/Drainholes is highlighted by owner. Arrives to meet code requirements. No issue may be issued. By DC Date of Inspection 5-31-11

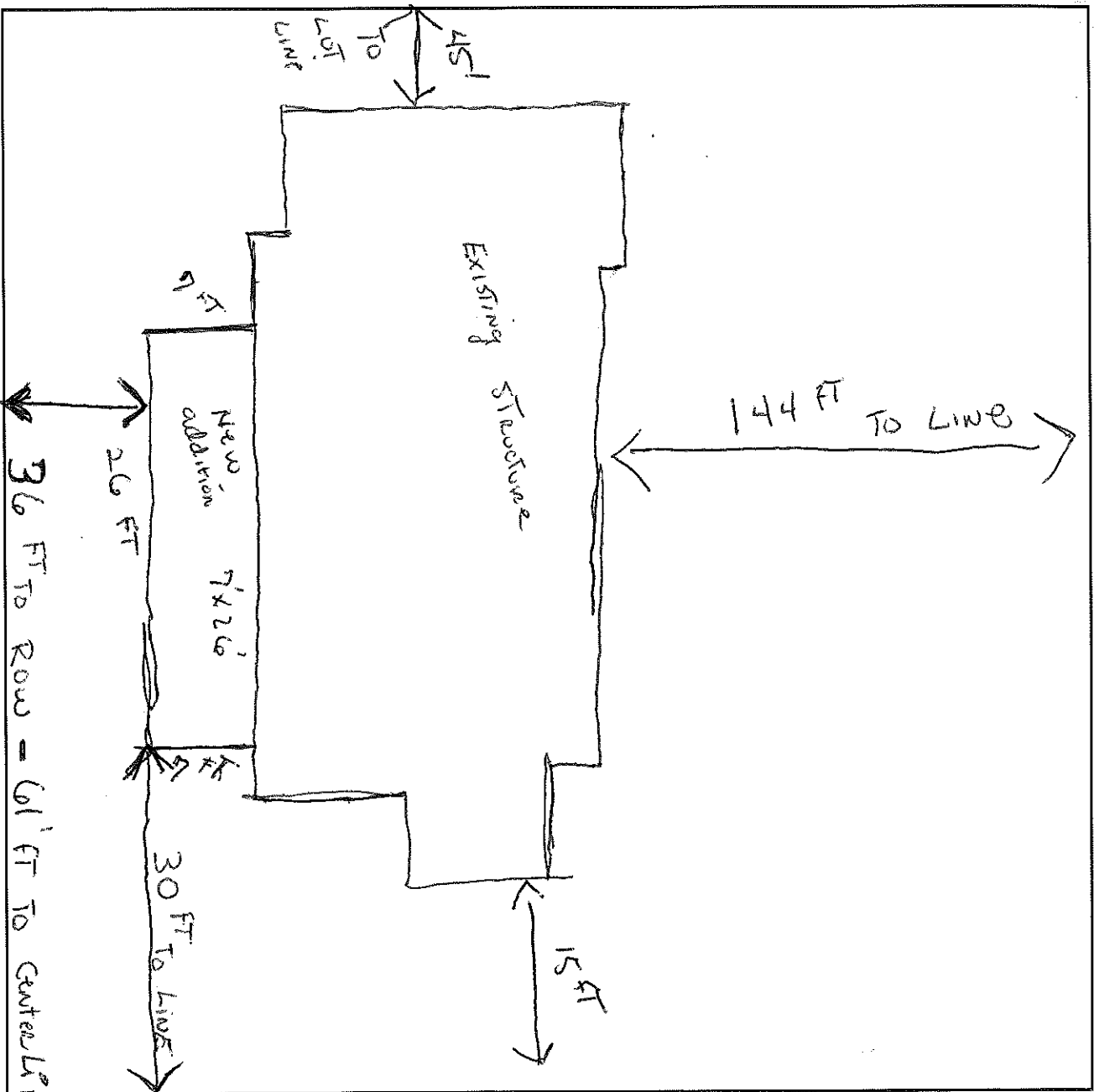
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed [Signature] Date of Approval 5-31-11
 Inspector _____



Lot Line



Name of Frontage Road (ST Rays 13)

(overlay district)

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.