

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 13 2007
 Bayfield Co. Zoning Dept.

ENTERED
 Application No.: 08-0183
 Date: 8-16/3
 Zoning District: R-1B/3
 Amount Paid: \$ 100.00 CAS
8114107

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 S4 1/4 of NW 1/4 of Section 33 Township 52 North, Range 4 West, Town of RUSSELL
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
 Volume 623 Page 247-248 Parcel I.D. # 0404625204332030001598 Use Tax Statement for Legal Description

Property Owner DAVID L FLYNN Contractor _____ (Phone) _____
 Address of Property 33090 LITTLE SAND BAY RD Plumber _____
Bayfield, WI 54814 Authorized Agent DAVE LEESEY (Phone) 715 7795275

Telephone _____ (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 Number of Stories 1
 Estimated Cost of Construction \$ 10,000 Square Footage 960 Sanitary: New _____ Existing _____ Pnrv _____ 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) _____
 - Mobile Home (manufactured date) _____
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) _____
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - Commercial Other (explain) FRUITE CHANGWOODS
 - 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) Dave Leese Date 8/13/07
 Address to send permit 34405 PORT SUPERIOR RD, BAYFIELD 54814 ATTACH
 Copy of Tax Statement

* See Notice on Back **APPLICANT — PLEASE COMPLETE REVERSE SIDE** Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number 10326 10329 Date _____
 Date 5/27/08 Permit Number 08-0183 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: ALICE UNDEVELOPED AS REPRESENTED MEETS CHANGWOODS LEATS INCLUDING OPEN SPACE
ENDING 21 APPROVA By DDC Date of Inspection OCTOBER 2007
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Conditions per Zoning Code Dec 11
 Signed [Signature] Inspector _____ Date of Approval 12-3-07

NPS

WILDERNESS INQUIRY

WILDERNESS CAMP

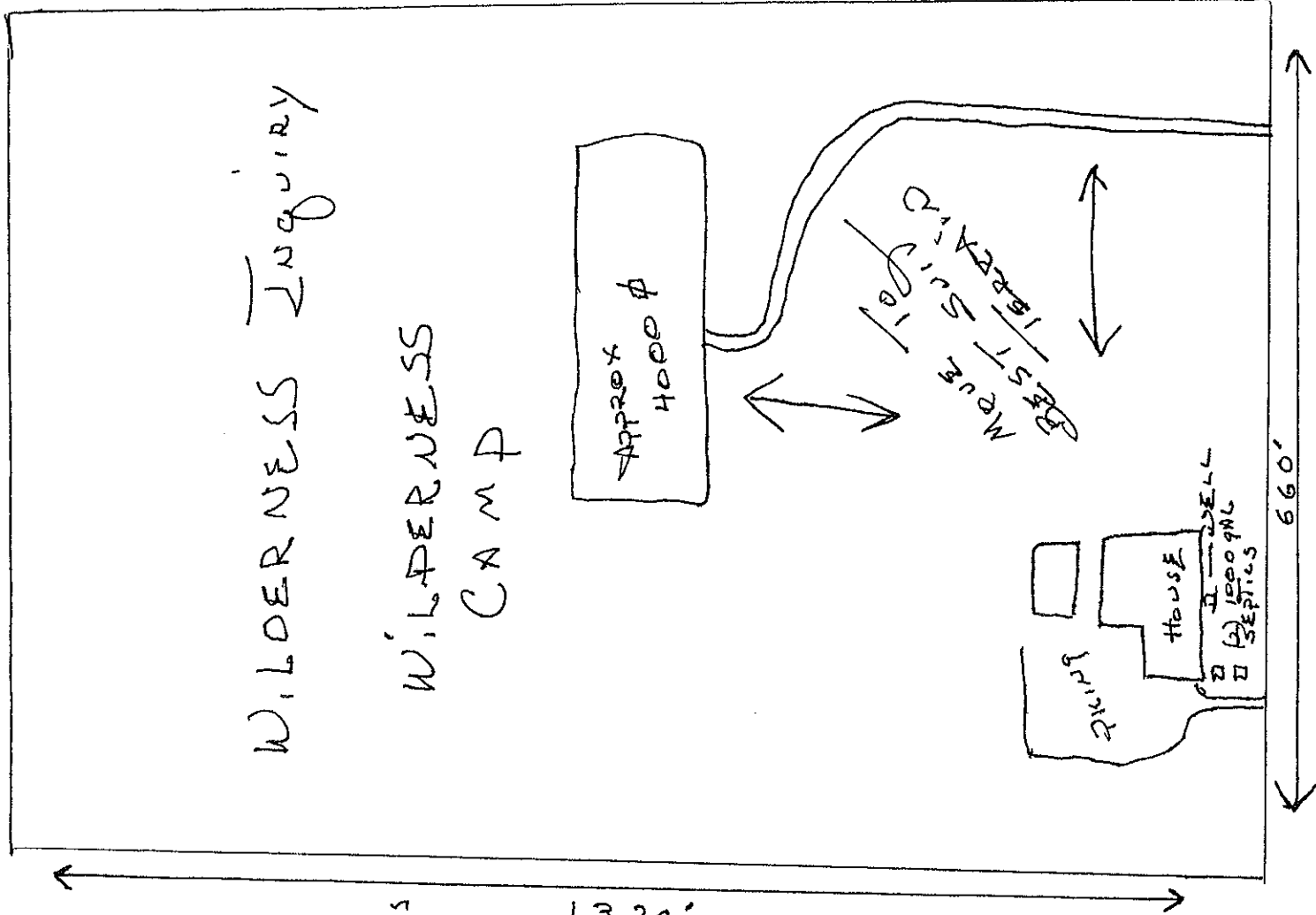
APPROX 4000 ϕ

NPS

4) TENT CAMPING
FLAT FORMS
480 ϕ

BUILDING FOR
TOILETS/SHOWERS
MEETING ROOM
960 ϕ

PARKING
FOR (6) SPOTS
1728 ϕ



SENT BY ZONING

LITTLE SAND BAY ROAD → TO LAKE

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

RECEIVED
MAY 20 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0192
Date: _____
Zoning District: R-RB-
Amount Paid: \$1,125.00 5-20-08

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 SW 1/3 1/4 of NW 1/4 of Section 33 Township 52 North, Range 4 West, Town of Russell
Gov't Lot 933 Block _____ Subdivision _____ CSM # _____ Acreage 20
Volume 985 Page 448 of Deeds Parcel I.D. # 040462520432030015000 Use Tax Statement for Legal Description
Property Owner Denise Wildermer Inquiry Contractor John Johannig (Phone) 373-0979
Address of Property 33090 Little Sand Bay Rd Plumber Dennis Bachand
Bayfield, WI Authorized Agent John Johannig (Phone) 715 373-0979
Telephone _____ (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 Number of Stories 1
Estimated Cost of Construction \$5,000 Square Footage 200' Sanitary: New _____ Existing Privy _____
USE: fourth tray
 * 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) _____

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 Johannig Date 5/19/08
Address to send permit 803 W. 3rd St. Washburn, WI 54891 ATTACH Copy of Tax Statement
If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 10328 Date 1977
Date 5/20/08 Permit Number 08-0192 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURAL SECTIONS / CONDITIONS AS REPRESENTED BY OWNER / AGENT APPEALS TO BE
ZONE COMPLIANT + US PERMIT MAY BE ISSUED. By DOC Date of Inspection 5-20-08

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: EXISTING HOLDING TIME DISTANCE RULES ARE REQUIRED TO BE REVIEWED AT ALL TIMES

Signed [Signature] Inspector _____ Date of Approval 5-20-08
Rec'd for Issuance
MAY 21 2008

Secretarial Staff

Atent Present

NPS

WILDERNESS INQUIRY

WILDERNESS CAMP

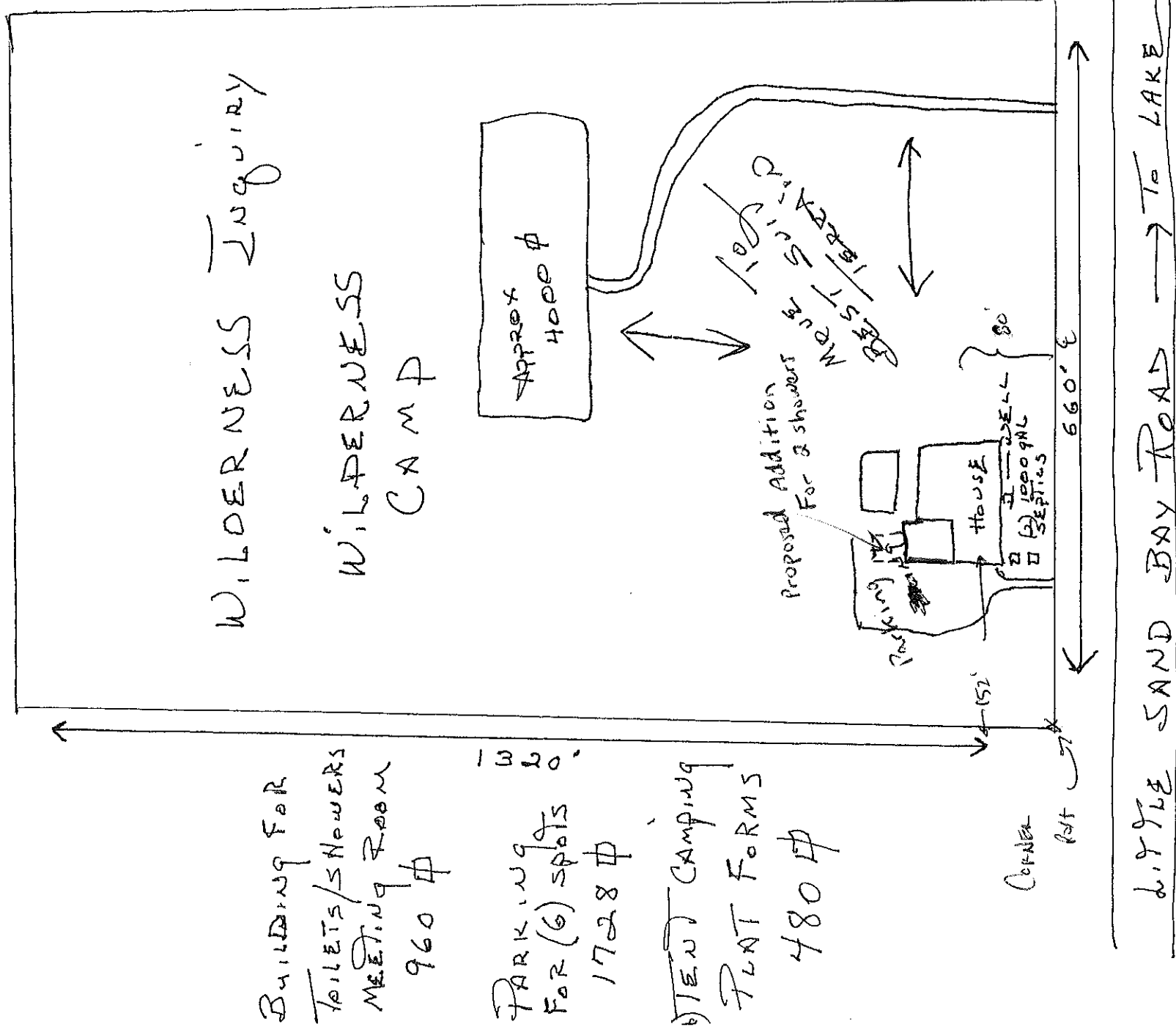
NPS

SENT BY ZONING

Building for
TOILETS/SHOWERS
MEETING ROOM
960 ϕ

1500'
PARKING
FOR (6) SPOTS
1728 ϕ

TENT CAMPING
FLAT FORMS
480 ϕ



CORNER

LITTLE SAND BAY ROAD → TO LAKE