

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

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.

RECEIVED
 JUN 02 2008
 Bayfield Co. Zoning Dept.

ENTERED

Application No.: 08-0287
 Date: _____
 Zoning District: Ag-1/-
 Amount Paid: 450
TBA 175- 6/2/08

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
 Legal Description SE 1/4 of NE 1/4 of Section 10 Township 51 North, Range 4 West, Town of Russell
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20
 Volume 956 Page 217 of Deeds _____ Parcel I.D. # _____
 Property Owner Darwin & Marybeth Matthias Contractor Darwin Matthias (Phone) _____
 Address of Property 34910 Old City Hwy K Plumber one God and Sons
Bayfield Wi 54814 Authorized Agent _____ (Phone) _____
 Telephone 920-295-6109 (Home) cell 920-229-5687 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 2931 Basement: Yes No Number of Stories 1
 Estimated Cost of Construction 150,000.00 Square Footage 2476 Sanitary: New Existing Privy _____ City _____
 USE:

- * Residence or Principal Structure (# of bedrooms) _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. 1787 Porch sq. ft. 216 Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) 3 range sq. ft. 576
- Residence sq. ft. 1787
- 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) _____
- 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) Darwin Matthias Date June 2-08
 Address to send permit N 5393 Lantz Rd Green Lake WI 54981

* See Notice on Back Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 08-616 Date 6-11-08
 Date 7/2/08 Permit Number 08-0287 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: SPECIAL SETBACKS/CONDITIONS AS REPRESENTED BY USER APPEARS TO BE MORE ACCEPTABLE & PERMIT MAY BE ISSUED IF CONDITIONS
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A UNIFORM DISELING CODE PERMIT (UOC) MUST BE OBTAINED FROM THE STATE/LOCALITY CONTRACTED UOC INSPECTION AGENCY PRIOR TO THE START OF CONSTRUCTION
 By DDC Date of Inspection 6-26-08

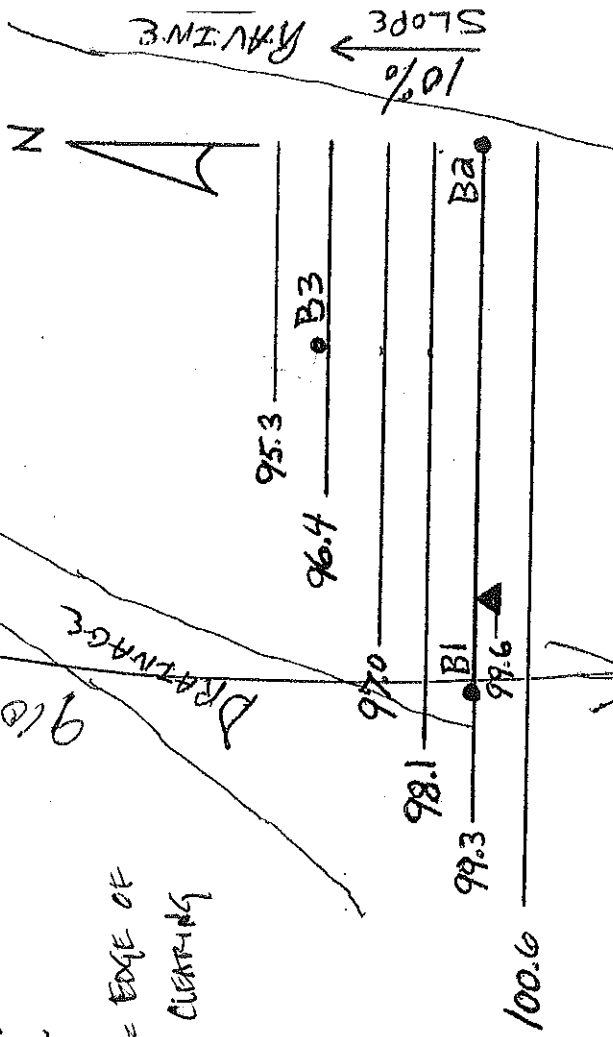
Noted FU + PRIVY on-site
 Held for Sanitary & TBA
 Signature: [Signature] Inspector _____ Date of Approval 6-27-08
 Rec'd for Issuance

MATTHEAS

SE NE S10 T51 R4W
Town of RusSEL

PAGE 3 of 3

9/1 = EDGE OF
CLEARING



Kawley Rd

Kawley RD.

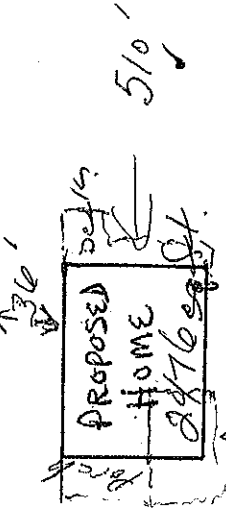
9/1 = FENCE

144' TO FENCE

104.3



Septic



Garage

WEST Prop. LINE

REGISTERED

15 9/1

SCALE - 1" = 40'

PETS W/BACKHOE

BM - ▲ NAIL 6" ABOVE GROUND
IN RIBBONED APPLE TREE = 100.
OPEN SITE W/ LONG GRASS
AND SOME BRUSH!
NO WELL AT THIS TIME!

4- ESTIMATED

EXISTING DRIVE
APPROX 300' TO OLD CITY K RD.