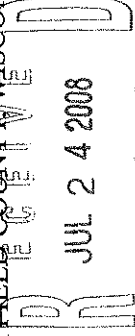


SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



JUL 2 4 2008

Bayfield Co. Zoning Dept.

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 SE 1/4 of NW 1/4 of Section 31 Township 51 North, Range 04 West, Town of Russell

Gov't Lot _____ Lot _____ Block _____ of Deeds _____ Subdivision _____ CSM # _____ Acreage 40 acres

Volume _____ Page _____ Parcel I.D. 090962510408204000 1000

Property Owner David J. Johnson Contractor David Johnson (Phone) (715) 774-5882

Address of Property old county k Plumber Ed Wobleski

C.# 92-749 Authorized Agent _____ (Phone) _____

Telephone (715) 774-5882 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____

Fair Market Value 20,000.00 Square Footage 1500 sq. ft.

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) Garage

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) David J. Johnson Date July 24, 2008

Address to send permit P.O. Box 151 Bayfield WI 54914 ATTACH _____

* See Notice on Back Copy of Tax Statement or _____

(If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7/31/08 Permit Number 08-0381 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: General Setbacks/Calculations as Permitted by Ordinance Appeals to Meet Code

Plans + Permit may be based by DDC Date of Inspection 7-28-08

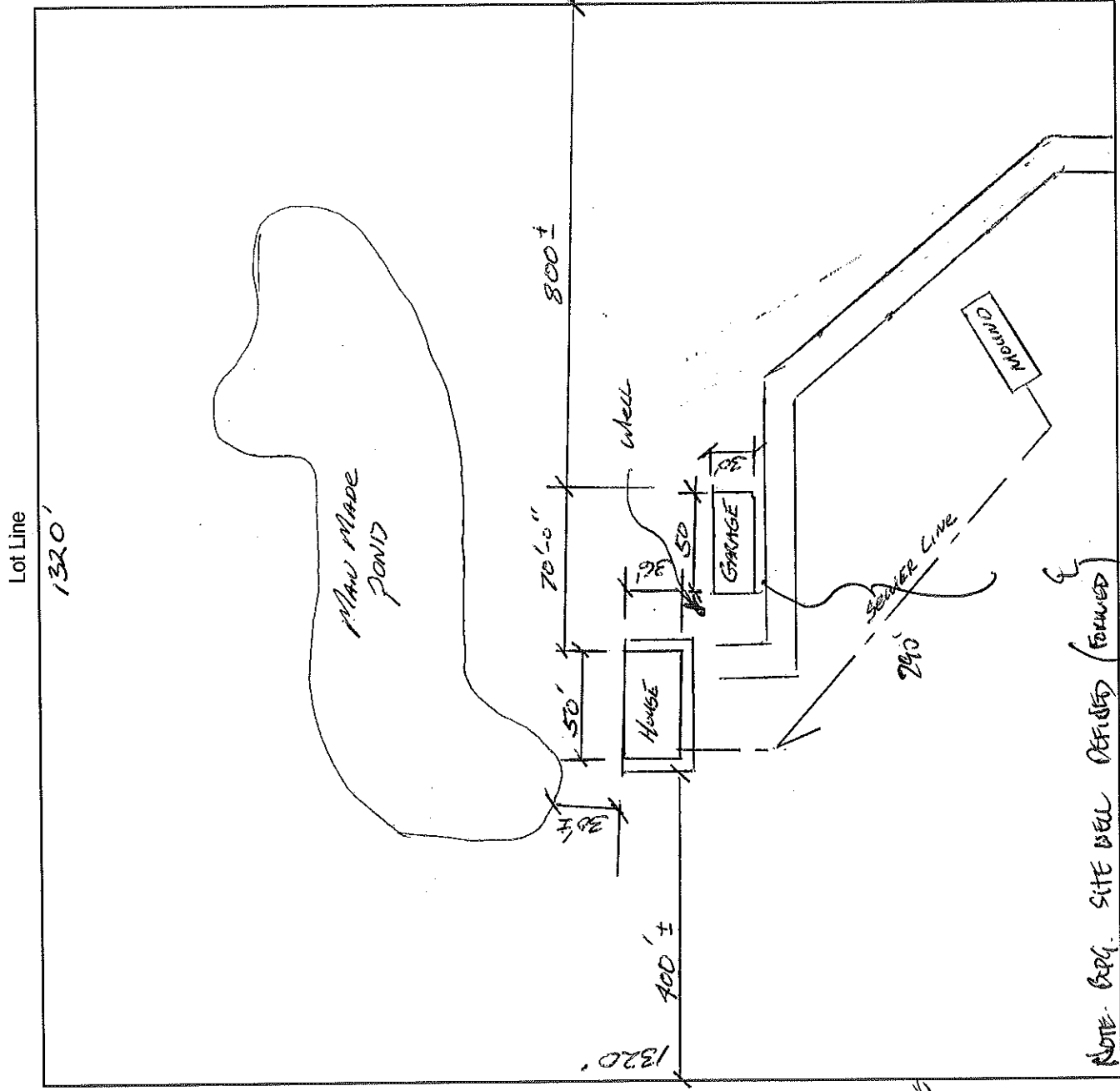
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed [Signature] Inspector _____

Date of Approval 7-28-08

Rec'd for Issuance _____



Name of Frontage Road (OLD COUNTRY K)

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:

- | | |
|--|---|
| <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Septic Tank and Drain field to close l. Septic tank and Drain field to build m. Septic Tank and Drain field to well n. Septic tank, and Drain field to lake o. Well to building |
|--|---|

*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.

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY

CALL B4
 INSPECTION

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
JUL 15 2008
Zoning Dept.

Application No.: 08-0376
Date: _____
Zoning District: F-EB/1
Amount Paid: \$750.00 PDS
7/15/08

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 1/4 of Section 31 Township 51 North, Range 3 West, Town of Fossil
Gov't Lot 4 Lot 4 Block _____ Subdivision Fossil and Area 3 CSM # Acreage 1.75
Volume _____ Page _____ of Deeds _____ Parcel I.D. # 006-1006-04-004 Use Tax Statement for Legal Description _____
Property Owner JAMES A. STOLPESYAD Contractor TBD (Phone) _____
Address of Property TBD Plumber TBD (Phone) _____
Authorized Agent TBD (Phone) _____

Telephone 651-755-2820 (Home) 651-294-2441 (Work)
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____ Basement: Yes _____ No _____ Number of Stories _____

Estimated Cost of Construction \$250,000 Square Footage 2,300 Sanitary: New _____ Existing Privy _____ City
USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) 2 Mobile Home (manufactured date) _____
Residence sq. ft. _____ Porch sq. ft. 240 Commercial Principal Building _____
Deck sq. ft. NA Deck(2) sq. ft. NA Commercial Principal Building Addition (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____
Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____
 Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____
 Residential Accessory Building (explain) _____ Special/Conditional Use (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Other (explain) _____ External Improvements to Accessory Building (explain) _____

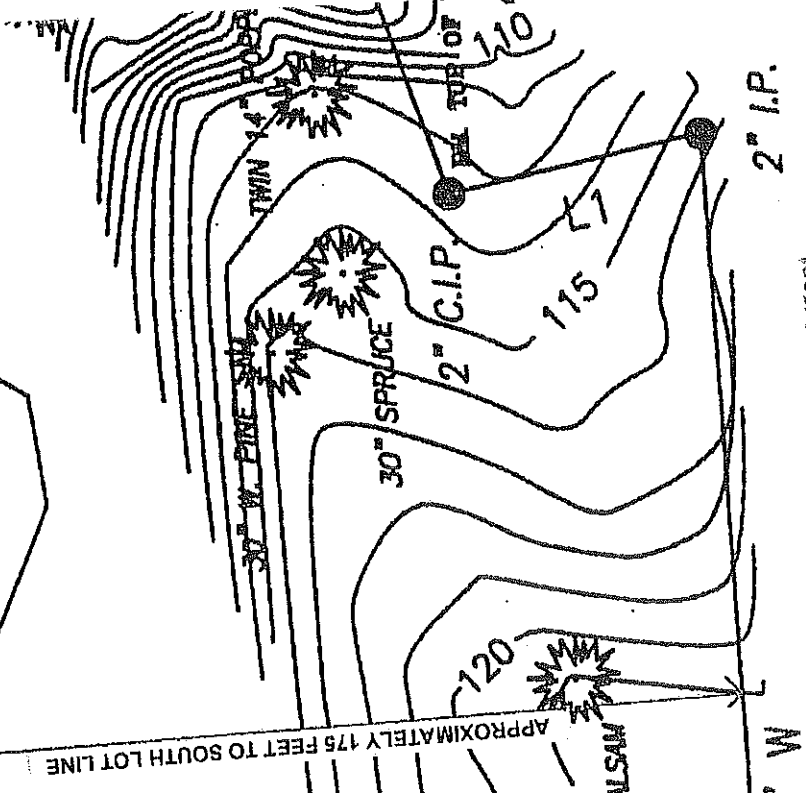
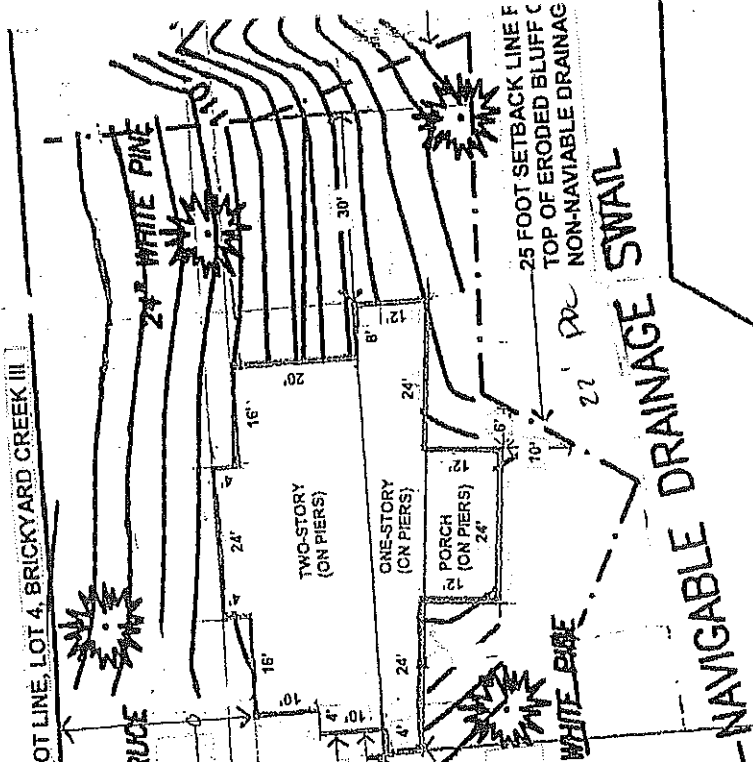
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 the county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.
Owner or Authorized Agent (Signature) [Signature] Date 8-10-08
Address to send permit 45 UNIVERSITY AVENUE S.E. #1001 ATTACH _____
MINNEAPOLIS, MN 55404 Copy of Tax Statement
* See Notice on Back if you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
Permit Issued: _____ State Sanitary Number _____ Date _____
Date 7-30-08 Permit Number 08-0376 Permit Denied (Date) _____
Reason for Denial: _____

Inspection Record: Structure setbacks/conditions as represented by owner agrees to meet all code requirements & permit may be issued by DPC
By DPC Date of Inspection 7-24-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: A uniform reviewing code (UOC) permit from the local contracted UOC inspection must be obtained prior to the start of construction.
Signed [Signature] Inspector [Signature] Date of Approval 7-24-08
Rec'd for Issuance _____
Date of Approval _____

JUL 29 2008
~~Permit DC - Sam??~~
Secretarial Staff

115' —
KYARD CREEK III 2" I.P.



✓ - Indicates this measurement was field verified by Zoning Dept. and based upon owner (s) and/or agent (s) representation (s) was found to be accurate and code compliant

SCALE  60'

NOTE - BUDS SITE WELL DEFINED