

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

MAR 18 2010

Application No: 10-0048
 Date: _____
 Zoning District: L-UB (1)
 Amount Paid: \$100.00 3/22/10
 mg

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 1/4 of 31 Township 51 North, Range 3 West, Town of _____
 Gov't Lot Lot 4 Block Plat of Subdivision Bayfield Creek III CSM # _____ Acreage _____
 Volume Page of Deeds 04-046-2-51-03-31-3 Parcel I.D. 00-334-40000

Property Owner JAMES A. SIDLESSTAD Contractor GARY HYAE (Phone) 715-209-2128
 Address of Property 37675 WHITE PINE TRAIL Plumber NA

BAYFIELD, WI
WORK 651-294-2441 (Home) 651-755-2820 (Work)
 telephone (CRL)

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

Structure: New Addition Existing _____
 Fair Market Value \$5,600 Square Footage 128
 USE: (APPROX)

* 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) STAIRWAY - TO - LAKE

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) [Signature] Date 3-15-10

Address to send permit 45 UNIVERSITY AVENUE S.E. #1001 ATTACH
MINNEAPOLIS, MN 55414 Copy of Tax Statement or
 Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 3/25/10 Permit Number 10-0048 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: DIFFICULT OBTAIN ACCESS STAIRS ARE KEPT FOR ACCESS PROPOSED STAIR SYSTEM & REPRESENTATIONS BY OWNER
APPROX TO USE GOLF PERMS. By DLG Date of Inspection 3-22-10

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

Condition: _____

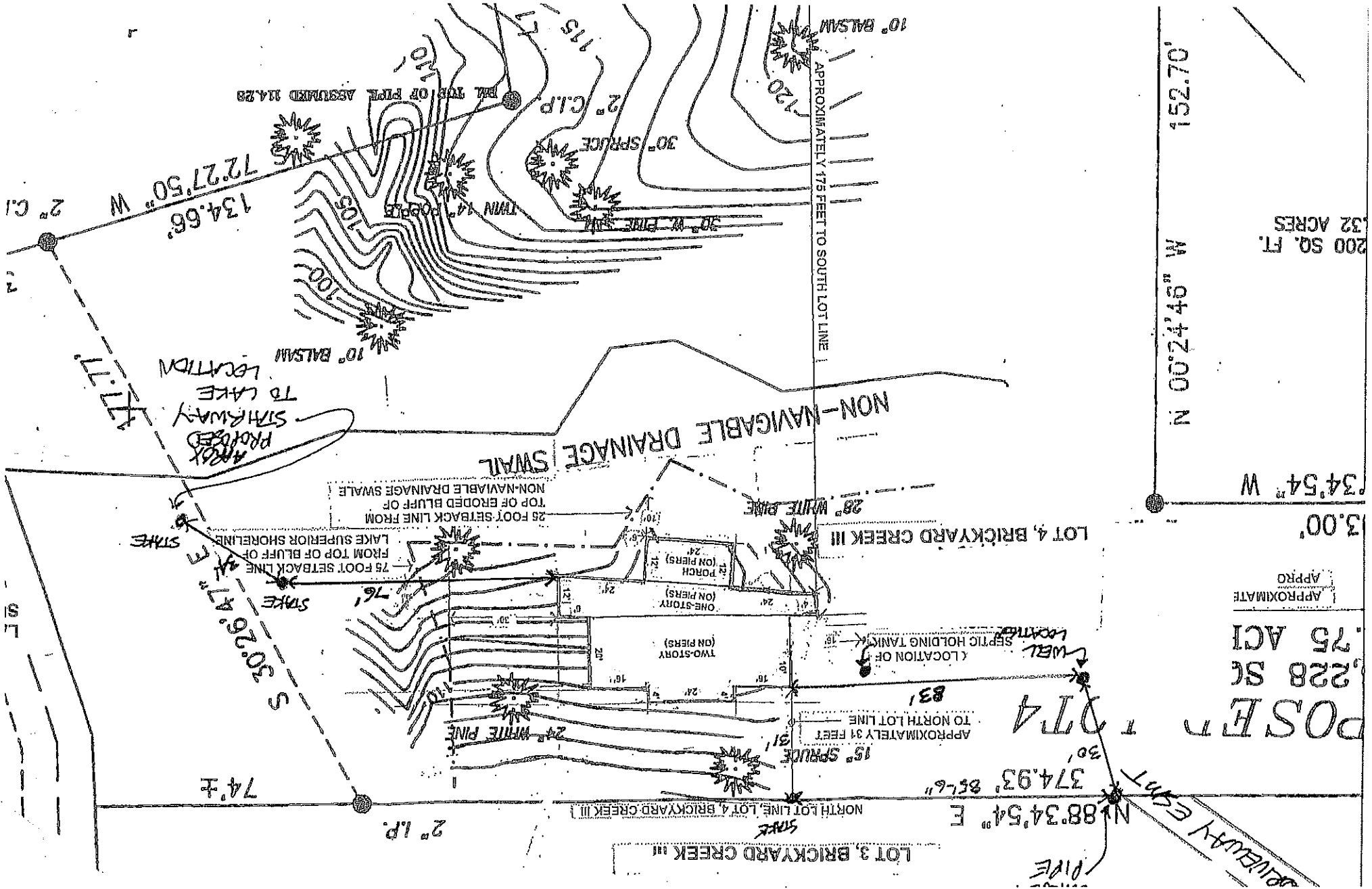
LANDING ACCESS HAS TO BE SQ.
 Signed [Signature] Inspector _____ Date of Approval 3-22-10

Rec'd for Issuance

MAR 24 2010
 Secretarial Staff

37675 WHITE RINE TRAIL
 BRYFIELD, WI

PLAN PAGE 2



200 SQ. FT.
 .32 ACRES

3.00'
 34'54" W

228 SE
 .75 ACI

POSTER

APPROXIMATE

APPRO

152.70'

N 00'24'46" W

N 88'34'54" E
 374.93' 85'6"

30'

PIPE

APPROXIMATELY 175 FEET TO SOUTH LOT LINE

APPROXIMATELY 31 FEET TO NORTH LOT LINE

NORTH LOT LINE, LOT 4, BRICKYARD CREEK III

LOT 3, BRICKYARD CREEK III

LOT 4, BRICKYARD CREEK III

BY TOP OF PIPE ASSUMED MAZE

PROPOSED STRIKWAY TO LAKE
 10" BALSAM LOCATION

2" C.I.
 72'27'50" W
 134.66'

91'

74' F
 S 30' 02' 14" W
 STAKE

2" C.I.

10" BALSAM

STAKE

STAKE

2" I.P.

