

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
APR 30 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0107

Date:

Zoning District: AG-1

Amount Paid: \$75.00 ROS

S/1108

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: NE 1/4 of NW 35 Township 49 North, Range 05 West, Town of WASHBURN

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 583 Page 203 of Deeds Parcel I.D. # 050-1060-04 Use Tax Statement for Legal Description

Property Owner: SUSAN M Stone et al Contractor: Economy Services (Phone) (218) 729-5106

Address of Property: 29395 Co Hwy C
WASHBURN, WI

Telephone: (715) 373-3772 (Home) _____ (Work) _____ (Phone) _____

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

Structure: New Addition _____ Existing _____

Estimated Cost of Construction: 24,000 Square Footage: 1200' Sanitary: New ~~Existing~~ Existing _____

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) CHICKEN COOP (20'x40')

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 OF 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): Susan M. Stone for Swanson Date: 4-30-08

Address to send permit: 205 Harborview Dr., Washburn, WI 54891 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number _____ Date _____

Date: 5/6/08 Permit Number: 08-0107 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Owner present at time of inspection verified by location. By Travis Tubowitzky Date of Inspection: 5/06/2008

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

Condition: _____

Signed: Travis Tubowitzky Date of Approval: 5/06/2008

Inspector

Rec'd for Issuance

Florence Swanson (LE)

MAY 16 2008

Secretarial Staff

RECEIVED



Minnesota Contractor License #2259

WORK ORDER

Job ID. No.

DAYTIME PHONE # 715-278-2777

OTHER PHONE #

NAME Sue Stone

JOB ADDRESS Fire # 2939C, Cty C

BLDG CODE AREA Washburn, WI

Debris Must Be Removed By Owner Before Start of Project

SALES REPRESENTATIVE Eric Holte CONTRACT DATE 4/23/08 SIZE 30x50

ALL GARAGES

Square With Stakes N/A
Distance to all property lines and other structures marked Why Not? OWNER Staked
Blocks By Owner By Economy

Economy Prep N/A

Top of Prep Height Site Staked Yes No
Top of Slab Height A,B,C,D,E Marked
Fixed Point Height Location
Leave extra sod & dirt on site Remove extra sod & dirt from site

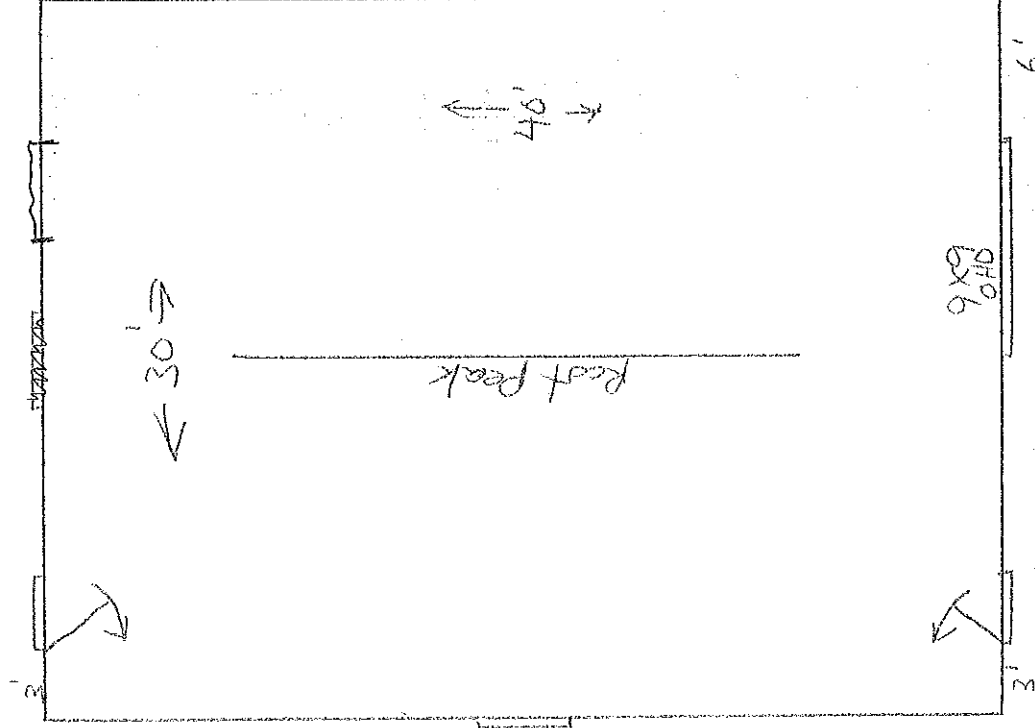
Economy Concrete N/A

Conduit N/A
Drain N/A
Nylon Fibers N/A
Foam/Poly Underslab N/A

Removals N/A

Shed/Building Removal By Customer By Economy N/A
Slab/Asphalt/Sidewalk Removal By Customer By Economy N/A
Stump Removal By Customer By Economy N/A
Powerline/Fence/Shed Removal By Customer By Economy N/A

3'x4'



4x2 Slab Centered

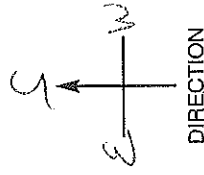
4x2 Slab Centered

Remove Existing Garage

3'90

X Swan Street

To Road



DIRECTION

5389 MILLER TRUNK HWY.

DULUTH, MN 55811-1207

(218) 729-5106

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 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 APR 14 2008
 Bayfield County Zoning Dept.

ENTERED
 12

Application No. 08-0111
 Date: _____
 Zoning District AG-1
 Amount Paid: \$125.00 POS
4/14/08

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 W 1/2 1/4 of NW 1/4 of Section 3 Township 48 North, Range 5 West, Town of Washburn
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # 050-1004-05-990 Acreage 2.0
 Volume 898 Page 598 of Deeds Parcel I.D. # 07-030-030594 Use Tax Statement for Legal Description

Property Owner Gary & Kim Swanson Contractor Nick Sorenson (Phone) 292-0509
 Address of Property 503 THIN ROSEW Plumber

PAR IN W 1/2 NW 1/4 IN V. 398 P. 598 IM 2004-493477 Authorized Agent Nick Sorenson (Phone) 292-0509
EXT 79

Telephone 920-725-0159 (Home) 920-722-1557 (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 \$25,000 Square Footage 1200 Sanitary: New _____ Existing _____ Privy City _____

- USE:
 * Residence or Principal Structure (# of bedrooms) Garage
 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

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Owner or Authorized Agent (Signature) NICK SORENSEN Date 4/14/08
 Address to send permit Nick Sorenson, 75999 ONDESSAGON RD. WASHBURN WI 54891 Copy of Tax Statement

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number Privy Attached Date 5/8/08
 Date 5/8/08 Permit Number 08-011 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets code requirements per owners representation. Contractor
we present a time of inspection
Verified property lines & proposed by Travis Telovitchky Date of Inspection 4/30/2008
blg. location.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: No human habitation.

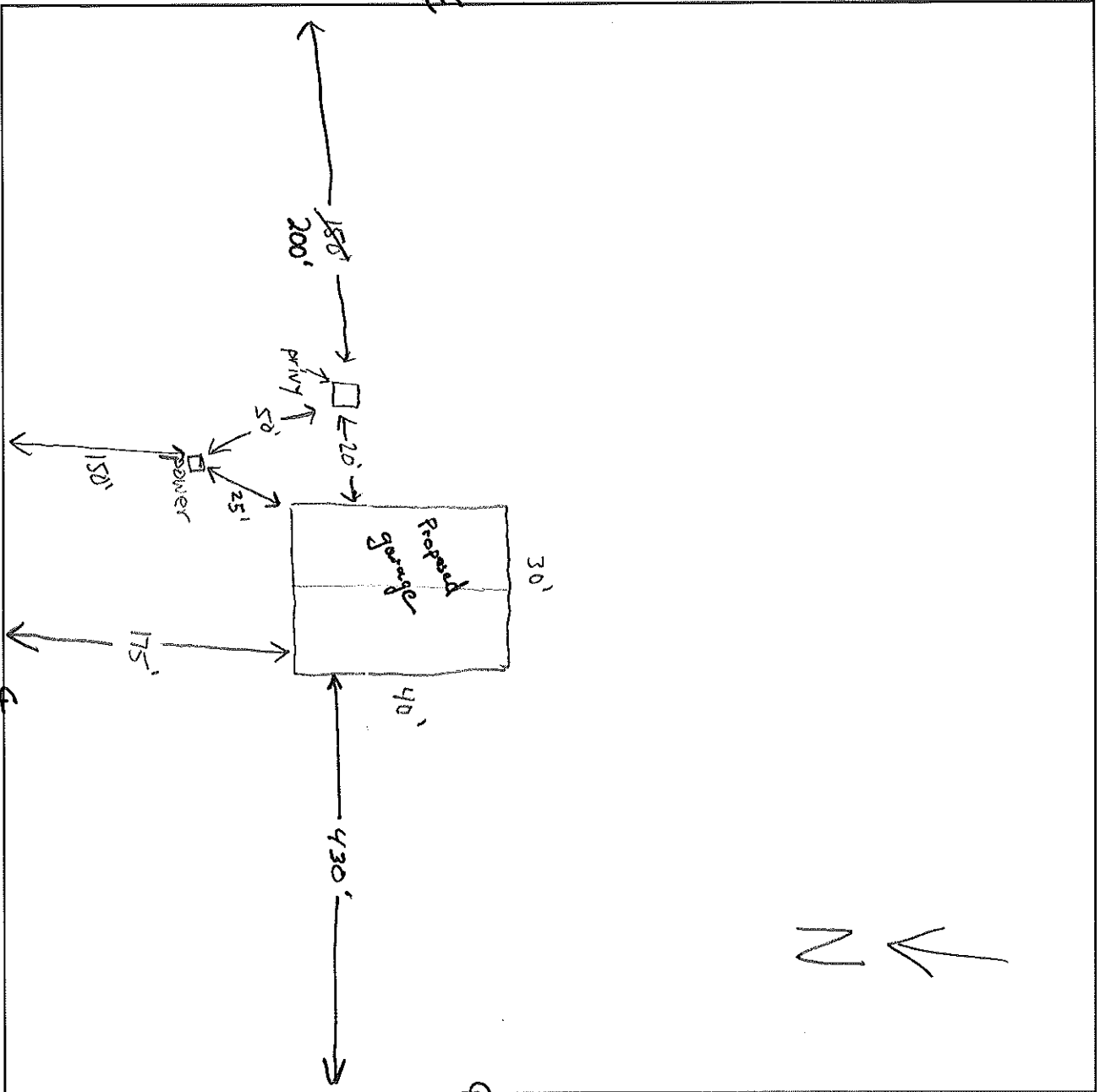
Signed Travis Telovitchky Date of Approval 4/30/2008
 Inspector Date of Issuance _____
 MAY 08 2008

Home Address - See Privy Ap

Secretarial Staff

330' 660'

Lot Line



330' 660' Name of Frontage Road (Lucia rd)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.