

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 25 2008
 Bayfield Co. Zoning Dept.

\$75

ENTERED

Application No. 08-0471
 Date: _____
 Zoning District A6-1/Class3
 Amount Paid: \$75.00 RPS
8/27/08

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 SE 1/4 of NW 1/4 of Section 21 Township 45 North, Range S West, Town of WASHBURN
 Gov't Lot _____ Block _____ Subdivision _____ Acreage 39

Volume 792 Page 749 of Deeds Parcel I.D. # 050-1036-10 Use Tax Statement for Legal Description

Property Owner Robert Claver Contractor Robert Claver (Phone) 715-462-9791
 Address of Property 27480 Colburn Rd Plumber None
Washburn, WI 54891 Authorized Agent _____ (Phone) _____
 Telephone 715-462-9791 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition Existing _____
 Estimated Cost of Construction 19,000 Square Footage 676 Sanitary: New Existing Privy _____ 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) green house _____

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) Robert Claver Date 7-15-08
 Address to send permit 100 98 W County Rd B Hayward, WI 54843 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 425260 Date 7/28/04
 Date 9/4/08 Permit Number 08-0471 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Mae's code requirements per owner's representation disposed bldg. site slated for greenhouse. By Travis Tabowitzky Date of Inspection 9/03/2008
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Travis Tabowitzky Date of Approval 9/03/2008
 Inspector _____

Rec'd for Issuance

SEP 04 2008

Secretarial Staff

ENTERED

\$75

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
AUG 25 2008
Bayfield County Zoning Dept.

Application No: 08-0472
Date: _____
Zoning District AG-1/class 3
Amount Paid: \$75.00 PDS
8/27/08

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 SE 1/4 of NW 1/4 of Section 24 Township 49 North, Range 5 West, Town of Washburn-
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 3.5
Volume 797 Page 299 of Deeds Parcel I.D. # 050-1036-10 Use Tax Statement for Legal Description _____

Property Owner Robert Anon Contractor Robert Anon (Phone) 715 462 9741
Address of Property 27480 Colberg Rd Plumber None
Washburn, WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715-462-9741 (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition Existing Square Footage 1200 Sanitary: New Existing Privy _____ City _____
Estimated Cost of Construction 12,000 Number of Stories 1
USE: * Residence or Principal Structure (# of bedrooms) _____ H.T. _____

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) pole shed
 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) Robert Anon Date 7-13-08
Address to send permit 10098 W County Rd B Hayward, WI 54843 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 425200 Date 7/28/04
Date 9/4/08 Permit Number 08-0472 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meets code requirements per owners representation. Proposed bldg site was started. By Travis Telowitzky Date of Inspection 9/03/2008
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: No human habitation.

Signed Travis Telowitzky Date of Approval 9/03/2008
Inspector _____



Name of Frontage Road (Cobling 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.

ENTERED

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
AUG 25 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0469
Date: _____
Zoning District: AG-1/class 3
Amount Paid: \$75.00 205
8/25/08

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 SE 1/4 of SE 1/4 of Section 21 Township 49 North, Range 5 West, Town of WASHBURN
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 8
Volume 709 Page 239 of Deeds Parcel I.D. # 04-050-2-49-05-21-4 0800-30000
Property Owner: MARK A. PCATHY L. MOREY Contractor (6050103805000) SELF (Phone) 373-0868
Address of Property 27755 CTY. C Plumber _____
WASHBURN, WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715-373-0868 (Home) 5479E (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New _____ Addition Existing
Estimated Cost of Construction \$20,000 WITH ADDITION total Square Footage 1602 Sanitary: New _____ Existing Conventional City _____
USE: * Residence or Principal Structure (# of bedrooms) _____
 * 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) Move existing shed to add 26' x 32' addition & lean-to (832 sq. ft.)
 Residential Accessory Building Addition (explain) MOVE OLD SHED AND ADD NEW PART TO IT
 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) _____

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Owner or Authorized Agent (Signature) Mark A. Morey Cathy Morey Date 8-25-08
Address to send permit MARK A. MOREY ATTACH
27755 CTY C Copy of Tax Statement
WASHBURN WI 54891
* See Notice on Back WASHBURN WI 54891 If you previously purchased the property
APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 9/4/08 Permit Number 08-0469 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meets code requirements per owner's representation. Owner present @ time of inspection verified property boundaries and proposed bldg. location. Existing shed to be relocated w/ addition BY Travis Tulowitsky Date of inspection 9/03/2008
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: No human habitation.

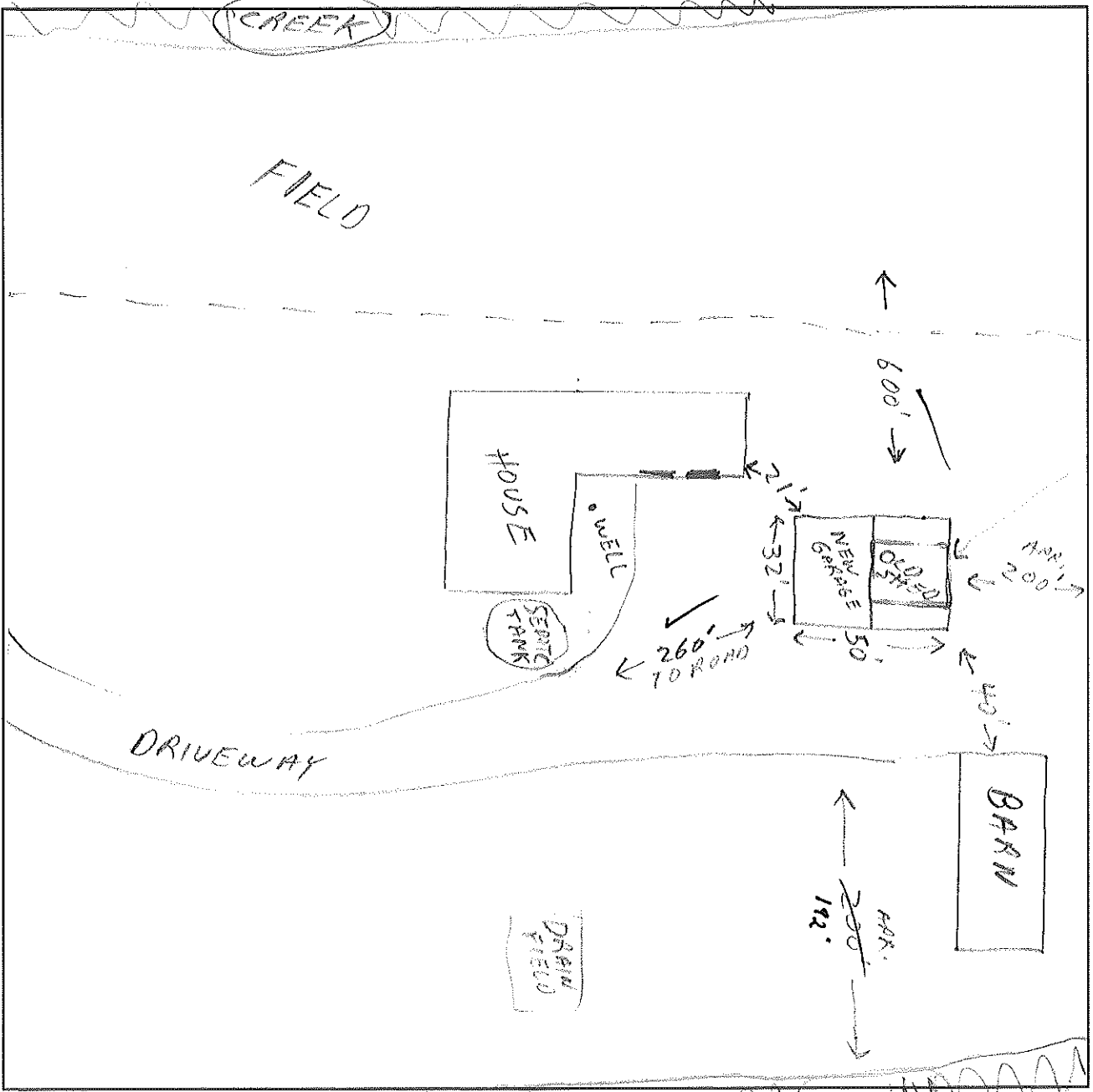
Signed Travis Tulowitsky 9/03/2008
Inspector Rec'd for issuance Dept of Approval

SEP 04 2008

Secretarial Staff

OLD SHEED
WILL BE 20 X 24

Lot Line



Name of Frontage Road (CITY C)

8 ACRES OF 90 ACRES

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.
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 - c. Building to lake, river, stream or pond
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 - 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.
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