

25 ENTERED

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

SEP 08 2010

Application No: 10-0396
 Date: _____
 Zoning District A-1
 Amount Paid: \$125 - Res
9/27/10 \$175 - Spec. A
ing \$50 - reconstruct

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 SE 1/4 of Section 21 Township 49 North, Range 5 West, Town of Wash Burn
 Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
 Volume 646 Page 301 of Deeds Parcel I.D. 04-050-2-49-05-21-404-000-50000
 Property Owner Alice Westling Contractor DeWayne Bronson (Phone) 715-739-6397
 Address of Property 78165 Church Ch. Road Plumber _____
Wash Burn, WI 54891 Authorized Agent DeWayne (Phone) 715-919-0970

Telephone 715-373-0728 (Home) _____ (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 _____
 Fair Market Value 4,000.00 Square Footage 844 Sanitary: New _____ Existing Privy _____ City _____
 USE:
 * Residence or Principal Structure (# of bedrooms) 3 Type of Septic/Sanitary System holding tanks (2)
 Residence sq. ft. 896 Mobile Home (manufactured date) 2006
 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
 Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____
 Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____
 Residential Other (explain) Replace old mobile home with new one
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

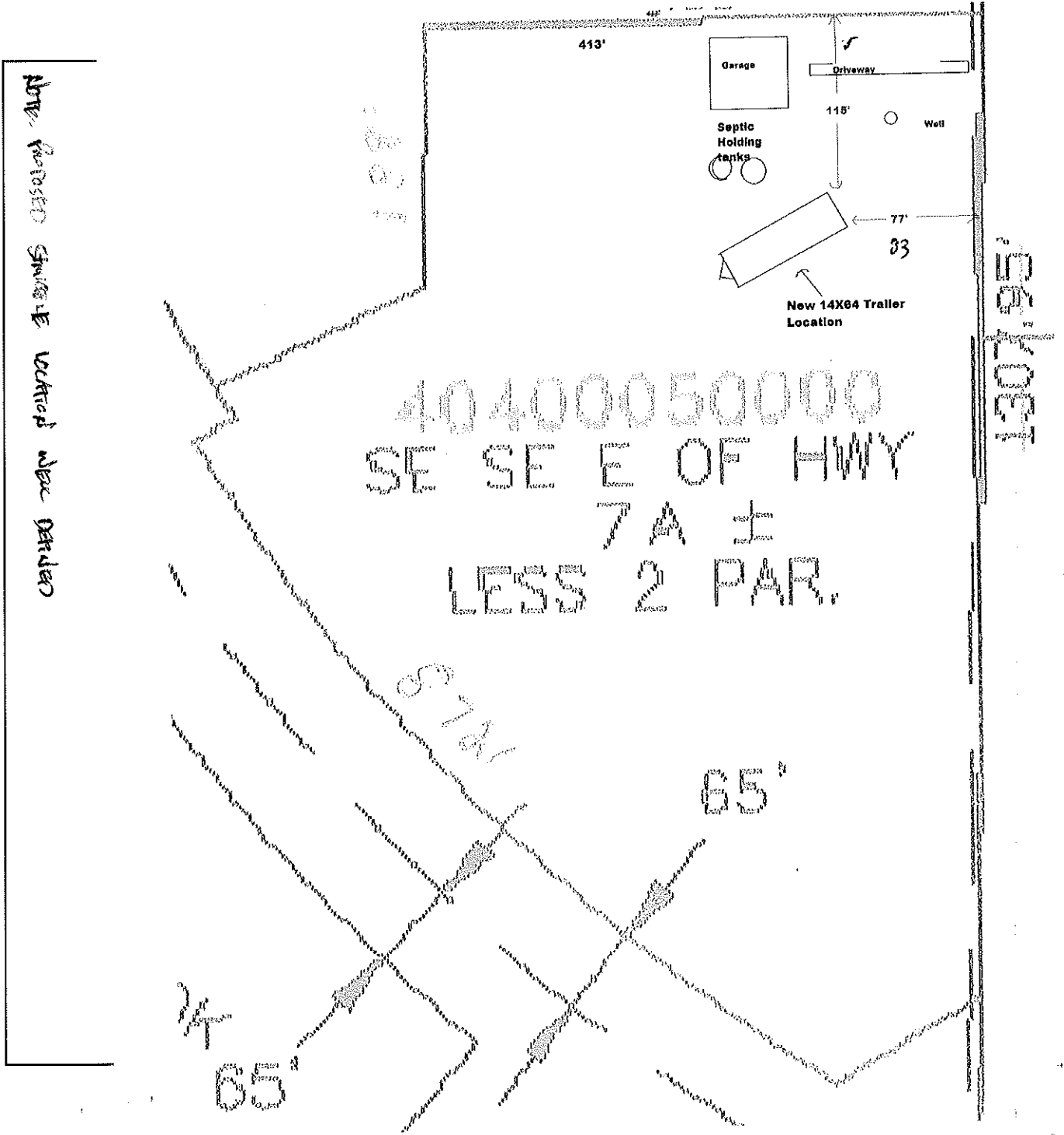
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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) DeWeyne Bronson Date 8/30/10
 Address to send permit PO Box 38 Drummond, WI 54832 ATTACH _____
 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 98977 Date 1987
 Date 9/30/10 Permit Number 10-0396 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STANDARD SERVICES/CONDITIONS AS REPRESENTED BY ASSESSMENT APPEALS TO THE CODE COMPLIANT & NO. PERMIT MAY BE ISSUED By DDC Date of Inspection 9-24-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector
File \$125 w.o. \$175 Acks A \$50 reconstruct
 Date of Approval 9-23-10
 Rec'd for Issuance

AL-4600 10313



Name of Frontage Road Church Corner 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.
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:
 - 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
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-8 (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, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.