

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 19 2010

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 5F 1/4 of SW 1/4 of Section 35 Township 49 North, Range S West, Town of Washburn

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

Volume 625 Page 200 of Deeds Parcel I.D. 04-050-2-49-05-35-304-600-10000

Property Owner Derek & Jane Breval Contractor self (Phone) _____

Address of Property 75955 McKinley Rd. Plumber _____

Washburn, WI 54891 Authorized Agent _____ (Phone) _____

Telephone (715) 373-5179 (Home) _____ (Work) _____

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

Structure: New _____ Addition _____ Existing _____

Fair Market Value _____ Square Footage _____

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) _____

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) [Signature] Date 4-19-10

Address to send permit 5614 25 6th Ave 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 4/15/10 Permit Number 10-0468 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Excavating Non-metallic mine originally permitted in 2000 for ten year duration. Apply for another 10 year extension. Disturbed area was GPS mapped approx 8 acres mined. By Travis Teubnitzky Date of Inspection 5/20/2010

Reclamation plan approved. Mine located on two parcels. Variance (B.O.A.) # _____

Mitigation Plan Required: Yes No

Condition: Per recorded affidavit: Ten yr duration from permit date

Expires 11/15/2020; only daylight operation no Sunday activities.

Signed Travis Teubnitzky 11/12/2010 Date of Approval

Inspector _____ Rec'd for Issuance



NOV 2010

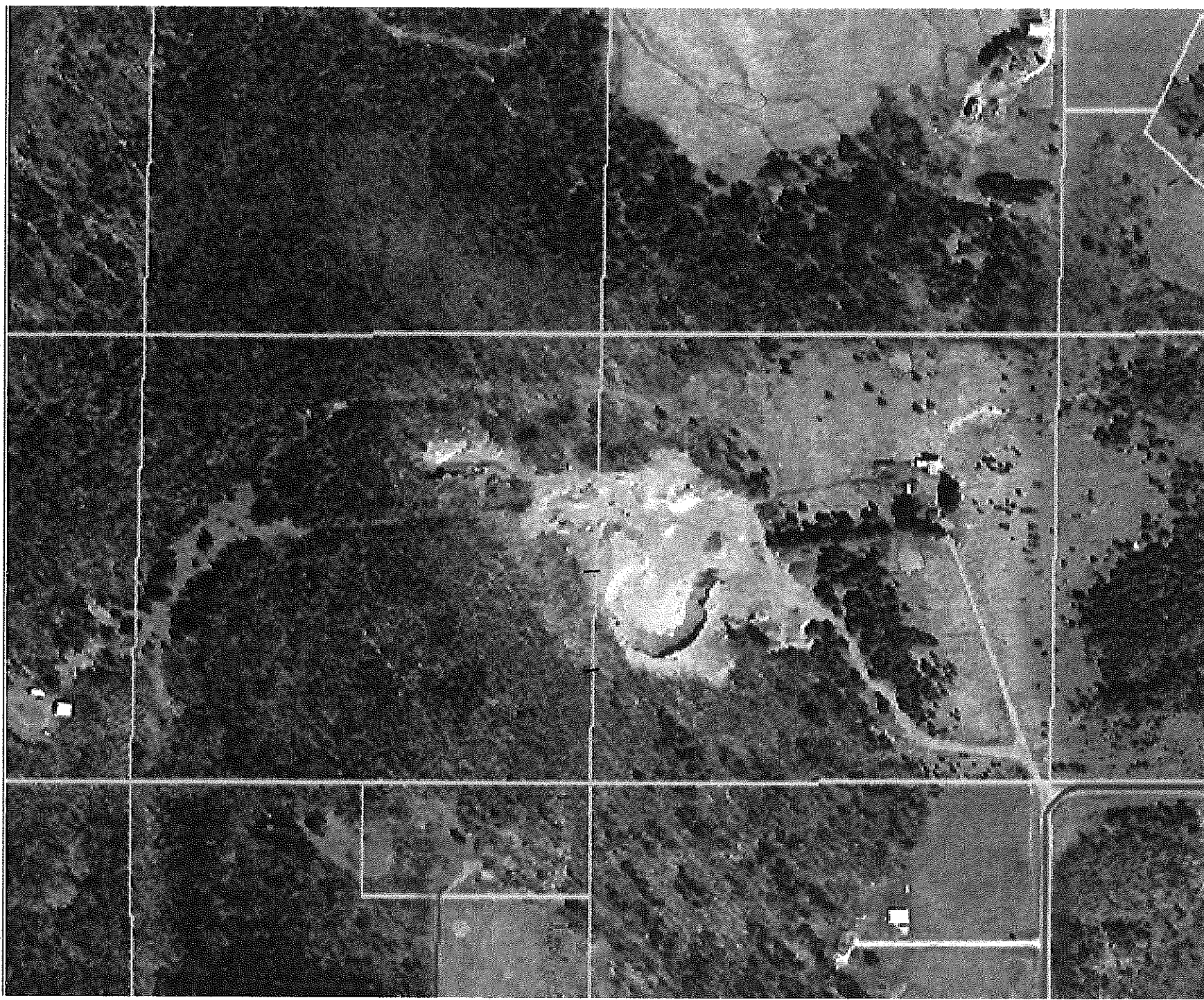
Secretarial Staff

ENTERED

Application No.: 10-0468
 Date: _____
 Zoning District AG-1
 Amount Paid: _____

25

25



Derek Brevak Gravel Pit 2005