

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
 MAY 19 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0153
 Date: 6-8-11
 Zoning District: R-11
 Amount Paid: \$15.00 PDS
5/20/11

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 34 Township 49 North, Range 5 West, Town of Washburn
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-050-2-49-05-34-1 04-000-15100

Property Owner Nicholas Sorenson Contractor SELF. (Phone) _____
 Address of Property 75999 ONDASSAGON RD., Washburn, WI 54891 Plumber _____ (Phone) _____
 Authorized Agent _____ (Phone) _____

Telephone 715-373-0506 (Home) 715-292-0509 (Work)
 Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If Yes:
 Structure: New Addition _____ Existing _____
 Basement: Yes _____ No Number of Stories 1
 Fair Market Value \$17,500.00 Square Footage 2240
 Sanitary: New _____ Existing _____ Privy _____ City _____
 USE: 40 x 56
 Type of Septic/Sanitary System H.I.

* Residence or Principal Structure (# of bedrooms) 40 x 56
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) Pole Barn
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
 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 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.

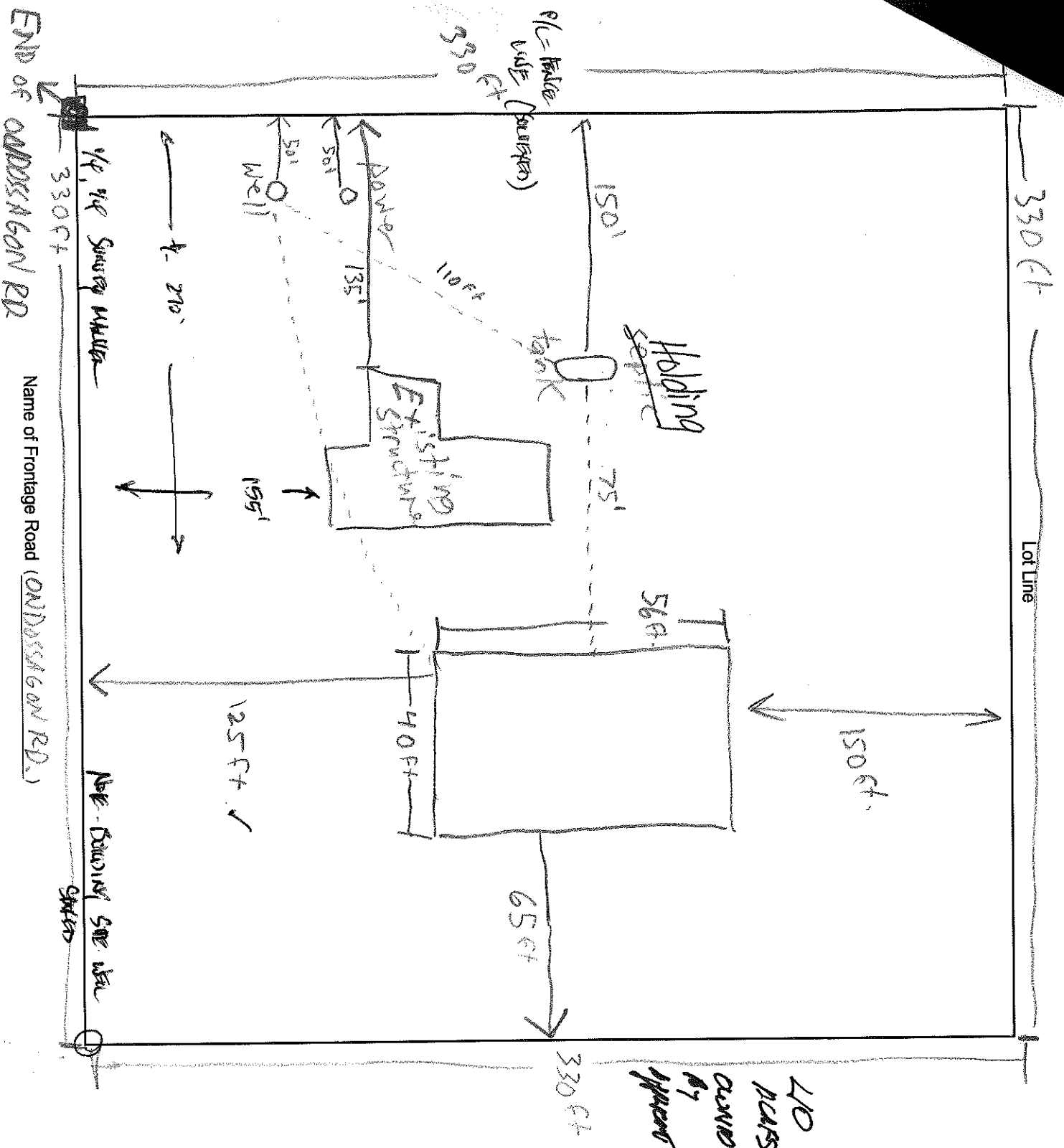
Owner or Authorized Agent (Signature) [Signature] Date 5/27/11
 Address to send permit 75999 ONDASSAGON RD. Washburn, WI 54891 ATTACH _____
 Applicant: ONDASSAGON RD. Washburn, WI 54891 (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 6-8-11 Permit Number 11-0153 Permit Denied (Date) _____
 Reason for Denial: _____

Inspection Record: Student Services/Contractors AS REQUESTED BY OWNER AGREES TO BE ON
CONDUCTED PERMIT WORK BY DR BY DR Date of Inspection 5-31-11

Mitigation Plan Required: Yes No
 Condition: SHOWER MAT NOT BE USED FOR NEXT BUSINESS UNLESS STRUCTURE ZONING
COMPLIES REQUIREMENTS AND MET ALL CONTRACTOR'S BUSINESS AS ABOVE STATED BUSINESS

06-525
 Signed [Signature] Date of Approval 5-31-11
 Inspector _____



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.