

SUBMIT: COMPLETED APPLICATION TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED  
 MAY 15 2017  
 Bayfield Co. Zoning Dept

ENTERED

Permit #:	17-0158
Date:	5-22-17
Amount Paid:	\$25 515-17
Refund:	

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.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **Sharon & Tricia Lund** Mailing Address: **29290 Chapter Rd Ashland, WI 54806** Telephone: **715-682-4828**

Address of Property: **10575 Cedar Crest Dr.** City/State/Zip: **Iron River, WI, 54847** Call Phone: **715-209-1765**

Contractor: **NA** Contractor Phone: **NA** Plumber: **NA** Plumber Phone: **NA**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **NA** Agent Mailing Address (include City/State/Zip): **NA** Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **13033** Tax ID# (4-5 digits) **13033** Document #: \_\_\_\_\_ R: \_\_\_\_\_

Section **03**, Township **46** N, Range **08** W Town of: **Delta** Subdivision: **Cedar Crest** Lot Size **0.23** Acreage **0.27**

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue  If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue  If yes---continue

Distance Structure is from Shoreline: **40** feet  Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet  No  Yes

Are Wetlands Present?  Yes  No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 2,000.00	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> Replacement Existing	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>Concrete/Plastic</b> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if Permit being applied for is relevant to it) Length: **7'-6"** Width: **9'** Height: **8'**

Proposed Construction: Length: **7'-6"** Width: **9'** Height: **8'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <b>Replace Existing Berch</b> <input checked="" type="checkbox"/> Residence (i.e. Cabin Hunting shack, etc.) <b>Same as below</b> with Loft with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( 7'6" X 9' ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	<b>67.5 sqz</b>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	( X ) ( X ) ( X ) ( X ) ( X )	
<input type="checkbox"/> Municipal Use	Rec'd for Issuance <b>MAY 22 2017</b> Municipal Use Secretarial Staff	( X ) ( X ) ( X )	
<input type="checkbox"/> Other: (explain)		( X )	

FAIL 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 all reasonable times for the purpose of inspection.

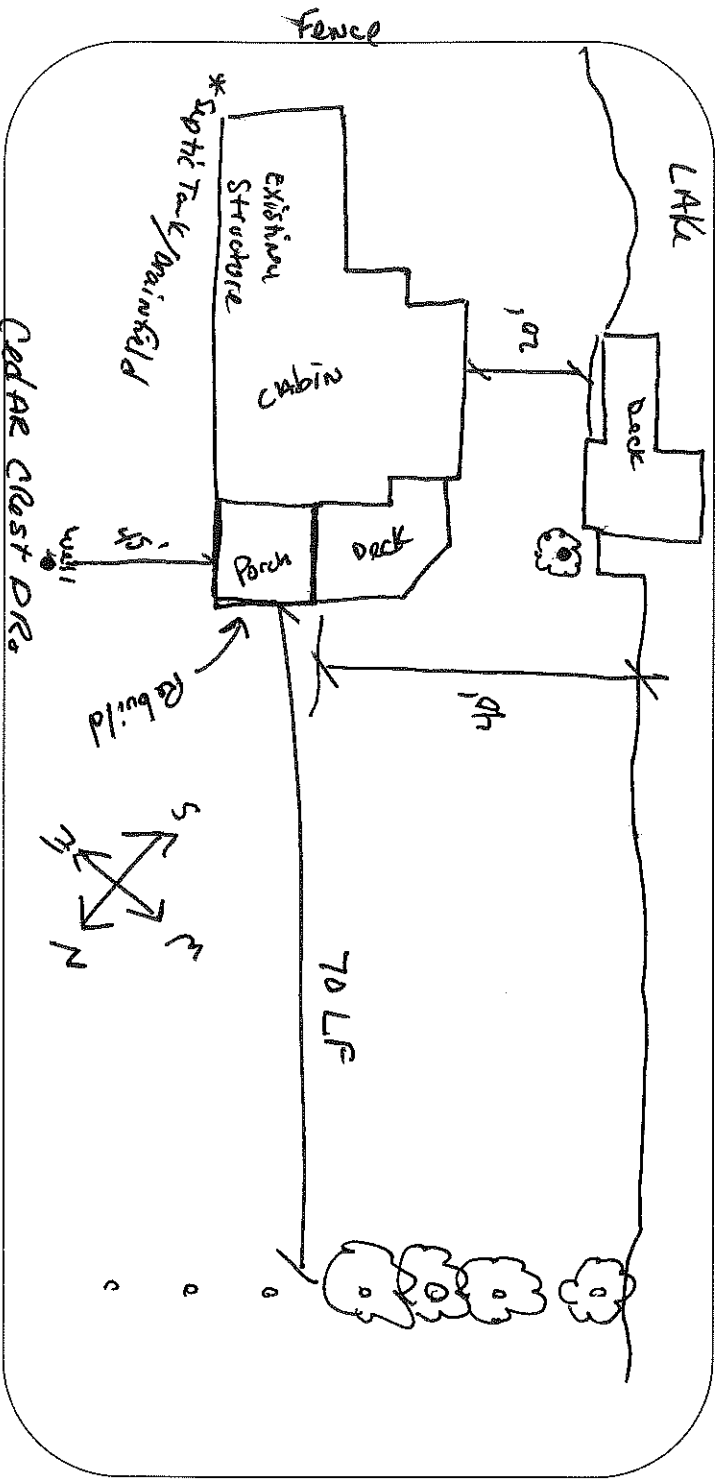
Owner(s): **Sharon & Tricia Lund** Date **5/1/17**  
 (if there are Multiple Owners listed on the Deed All owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **29290 Chapter Rd. Ashland, WI 54806** Attach Copy of Tax Statement

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: **North (N) on Plot Plan**
  - (2) Show / Indicate: **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
  - (3) Show Location of (\*): **All Existing Structures on Your Property**
  - (4) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
  - (5) Show: **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
  - (6) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**
  - (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	95 Feet	Setback from the Lake (ordinary high-water mark)	40' Feet
Setback from the Established Right-of-Way	75 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	70 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	70 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	45 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>17-0158</b>	Permit Date: <b>5-22-17</b>			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <i>Show relevant Setback</i>	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <b>N/A</b>	Previously Granted by Variance (B.O.A.)	Case #: <b>N/A</b>	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <b>Replacing Pearl Roof &amp; Entry w/ Flat Shed Roof &amp; Entry. Activity Allowed under 2015 WI Act 55 or to issue CU permits</b>				
Date of Inspection: <b>5/19/2017</b>	Inspected by: <b>Robert Schierman</b>	Zoning District	Lakes Classification	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Signature of Inspector:				Date of Approval: <b>5/19/2017</b>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal  
May Also Be Required  
After-the-Fact

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

No. **17-0158** Issued To: **Shawn & Tricia Lund**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **3** Township **46** N. Range **8** W. Town of **Delta**

Gov't Lot Lot **11** Block Subdivision **Cedar Crest Plat** CSM#

For: **Residential Addition / Alteration: [ 1- Story; Porch (7.6' x 9') = 68 sq. ft.]**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**May 22, 2017**

Date

SUBMITTER COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED  
 MAY 15 2017  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0159
Date:	5-22-17
Amount Paid:	\$755-16-17
Refund:	

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.

TYPE OF PERMIT REQUESTED →  LAND USE  SANITARY  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Bonita Sallander Mailing Address: 309 Spacace St City/State/Zip: Onalaska, WI 54650 Telephone: 608-781-2808  
6350 Musk Lake Rd. City/State/Zip: Iron River, WI 54847 Onalaska, WI 54650 715-370-8625  
 Contractor: Cosc Helgele Contractor Phone: 218-428-5723 Plumber:  Plumber Phone: 608-317-2796

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Mike Fortak (715) 817-3034 6173 Iron Lake Rd, WI 54847 Iron River Attached  
 Tax ID# (4-5 digits) 13359 Document #: 1161 R 972

PROJECT LOCATION: NE 1/4, NW 1/4 Gov't Lot:  Lot(s):  CSM:  Vol & Page:  Lot(s) No.:  Block(s) No.:  Subdivision:  Lot Size:  Average: 14.17

Section 4, Township 46 N, Range 8 W Town of: Delta

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Distance Structure is from Shoreline: 700 feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue → Distance Structure is from Shoreline: 115 feet  
 Non-Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$8,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>COM</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structures: (if permit being applied for is relevant to it) Length: 20 Width: 12 Height: 2  
 Proposed Construction: Length: 20 Width: 12 Height: 2

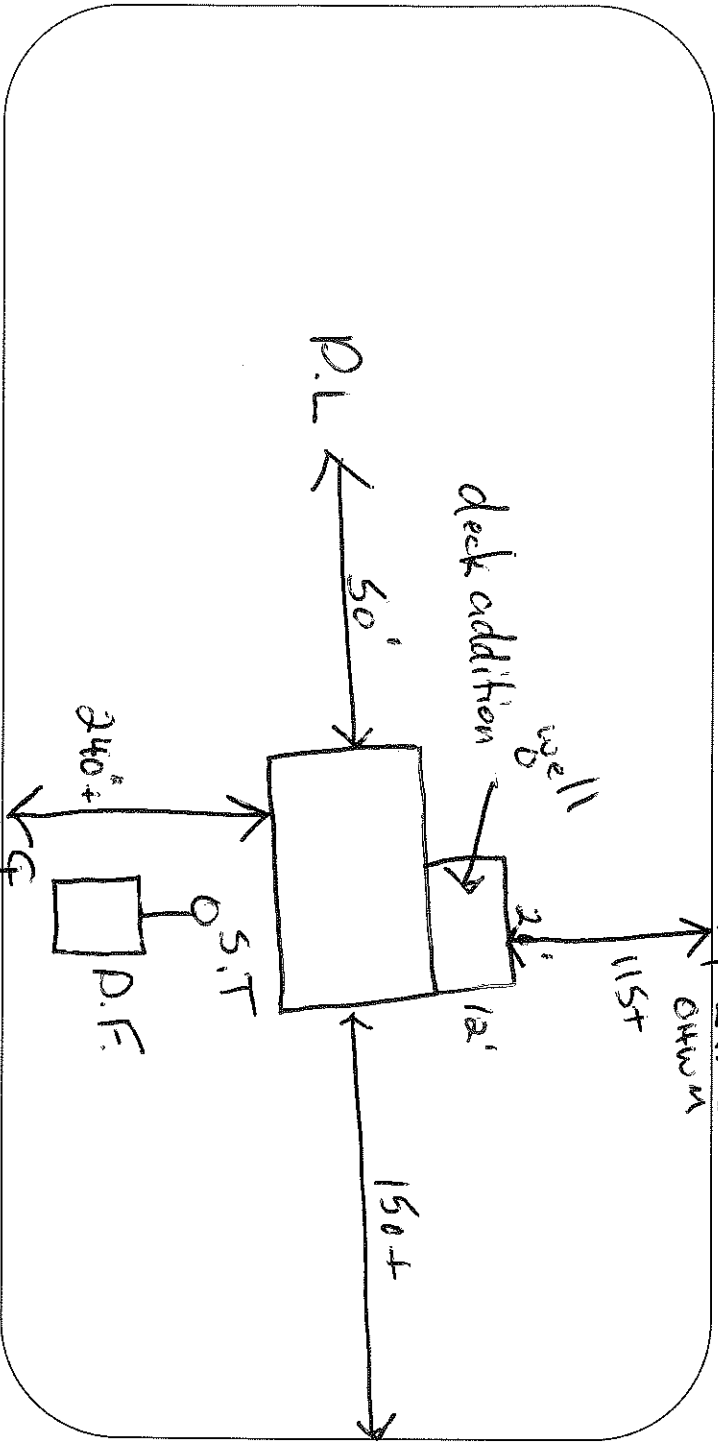
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Deck</u> <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) ( ) ( <u>12</u> X <u>20</u> ) ( ) ( )	( ) ( ) ( <u>240</u> ) ( ) ( )
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> 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(s): \_\_\_\_\_ Date: 5-10-2017  
 (If there are Multiple Owners, must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Michael Dulude  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: 6173 Iron Lake Rd, Iron River, WI 54847 Attach Copy of Tax Statement   
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on Your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)  
 (8) Setbacks: (measured to the closest point)  
 Changes in plans must be approved by the Planning & Zoning Dept.


Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	240± Feet	Setback from the Lake (ordinary high-water mark)	115 Feet
Setback from the Established Right-of-Way	230± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	700± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	150± Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	50± Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	29 Feet
Setback to Drain Field	30± Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>17-0189</b>	Permit Date: <b>5-28-17</b>			
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <b>N/A</b>	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <b>N/A</b>	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <b>Project as represented by homeowner appears to be code compliant. OK to issue by permit.</b>				
Date of Inspection: <b>5/19/2017</b>	Inspected by: <b>Robert Subramaniam</b>	Zoning District: <b>(R-1)</b>	Lakes Classification: <b>(2)</b>	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
Signature of Inspector:				Date of Approval: <b>5/19/2017</b>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – x  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0159** Issued To: **Bonita Sallander & Kathleen Downing / Mike Furtak, Agent**

Par in  
Location: **NE** ¼ of **NW** ¼ Section **4** Township **46** N. Range **8** W. Town of **Delta**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition / Alteration: [ 1- Story; Deck (14' x 20') = 280 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**May 22, 2017**

Date