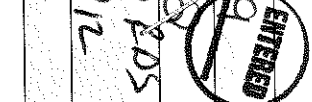


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 DEPT. OF PUBLIC WORKS
 Date Rec'd (Received)
 APR 17 2012

Permit #: 18-0089
 Date: 4-27-12
 Amount Paid: \$125.00 PDS
 Refund: 4/18/12



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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: WILLIAM RITCHIE
Mailing Address: 3025E MILCHESKY RD., FOXBORO WI 54836
City/State/Zip: FOXBORO WI 54836
Telephone: 715-399-0855

Address of Property: 1225 LYNX RD.
City/State/Zip: BARNES WI 54873
Cell Phone: 218-310-1345

Contractor: SELF
Contractor Phone: SELF
Plumber: SELF
Plumber Phone:

Authorized Agent: NONE
Agent Phone:
Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4
 PIN: (23 digits) 04-004-2-45-09-18-300-224
 Volume 793
 Recorded Document: (i.e. Property Ownership) 793
 Pages: 285

Section 18, Township 45 N, Range 9 W
Town of: BARNES

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: 150 feet

Is Property in Floodplain Zone? Yes No
Are Wetlands Present? Yes No

Value at Time of Completion * (include donated time & material)	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 15,000	<input checked="" 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"/> 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> NONE

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 16' Height: 16'
Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin) hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with (2 nd) Deck with Attached Garage	(16' X 24') (X X) (X X) (8' X 14') (X X) (X X)	384 112
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X X) (X X) (X X) (X X) (X X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(X X) (X X) (X X)	

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): William D. Ritchie
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 4-14-12

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

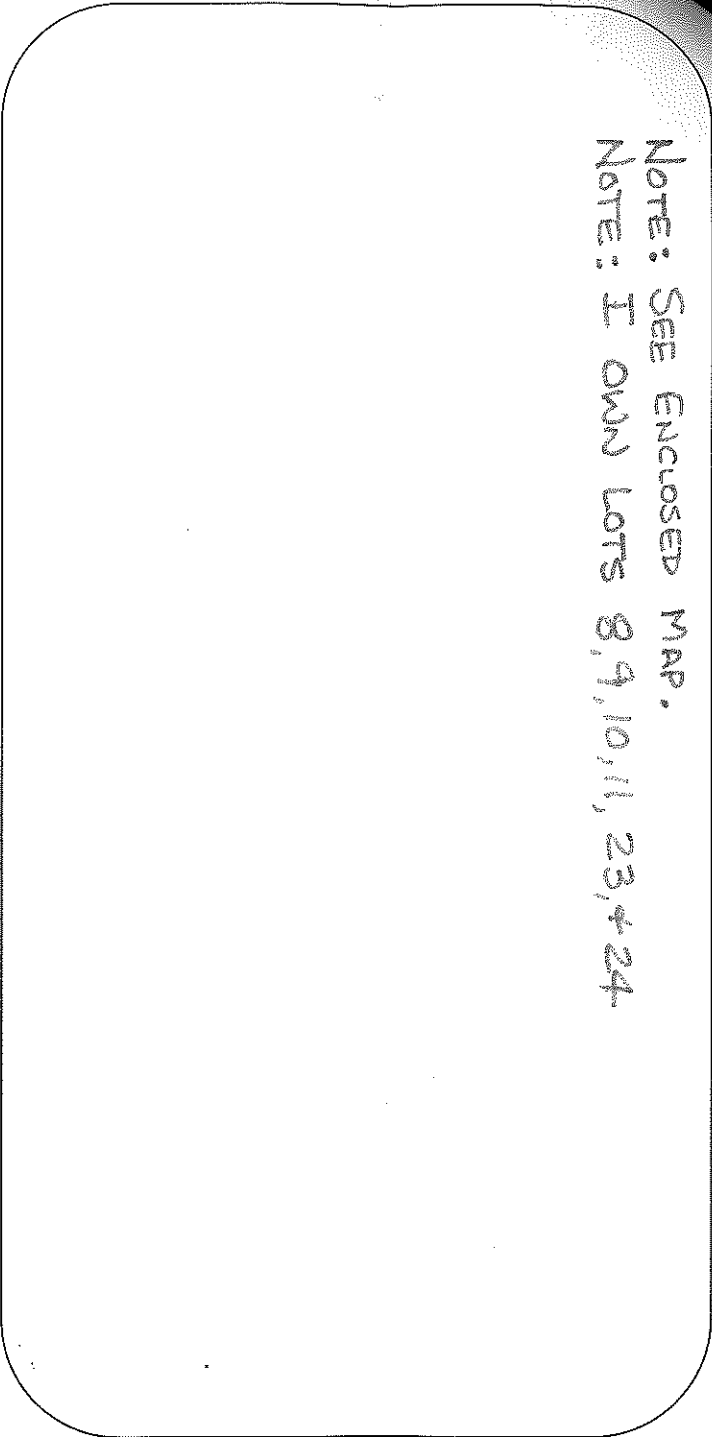
Record for Issuance: 3025E MILCHESKY RD., FOXBORO, WI 54836
 APR 22 2012
 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

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

NOTE: SEE ENCLOSED MAP.
NOTE: I OWN LOTS 8,9,10,11, 23, & 24



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

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	116' Feet	Setback from the Lake (ordinary high-water mark)	150' Feet
Setback from the Established Right-of-Way	77' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	77' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	150' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	122' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	200' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	120' 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 Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: Privy	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 4-27-12	Permit Date: 12-0089			
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 checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: lots 23+24 are Paved. well staked. metal all setbacks.				
Date of Inspection: 4-26-12	Inspected by: M. Fustak	Zoning District: (R-1)	Lakes Classification: (3)	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.)				
No water under pressure in structure.				
Signature of Inspector: Michael Swick				Date of Approval: 4-26-12
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

BMIT: 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
 Date Stamp: MAR 15 2012

TBA 175.00 LU 675.00
 Permit #: 10-0083
 Amount Paid: 407.10
 \$850.00 PDs
 3/15/12
 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.
 Bayfield Co. Zoning Dept.
 HOW DO I FILE THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Michael Parent & Jennifer Mathew
 Address of Property: 33925 Star Road Rd
 City/State/Zip: Bayfield, WI 54814
 Mailing Address: 3716 45th Ave S. Minneapolis, MN 55414
 Contractor: Blakeman Plumbing
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: 715-692-5019
 Agent Mailing Address (include City/State/Zip): 2800 State Hwy 137 Ashland WI
 PIN: (23 digits) 04-006-2-50-04-21-2 01-000-10000
 Volume: 2P2?
 Recorded Document (i.e. Property Ownership): 54506
 Page(s): 2

PROJECT LOCATION: U3 1/4, N20 1/4
 Legal Description: (Use Tax Statement)
 Section 21, Township 50 N, Range 04 W
 Town of: Bayfield

Distance Structure is from Shoreline: 410 feet
 Is Property in Floodplain Zone? Yes No
 Distance Structure is from Shoreline: 410 feet
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>225,000</u>	<input checked="" 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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>sewer</u> <input type="checkbox"/> Privy (Priv) 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: 40 Width: 36 Height: 27
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with Attached Garage	(36 X 40) (26 X 36) (13.5 X 8) (9 X 36) () () ()	1157 ? 638 ? 108 298
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, gr () cooking & food prep facilities)	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain) <u>Build Residence in E1 Zone</u>	()	()
	Conditional Use: (explain)	()	()
	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: 3-12-12
 (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: 3-12-12
 (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.

Address to send permit: _____ Attach
 APR 27 2012
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 SECRETARIAL STAFF PRINU HAS BEEN REMOVED PER DC 45722/1165M ISSUED W/ DAVIS SOFT.

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 Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show: 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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

See attached

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

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

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

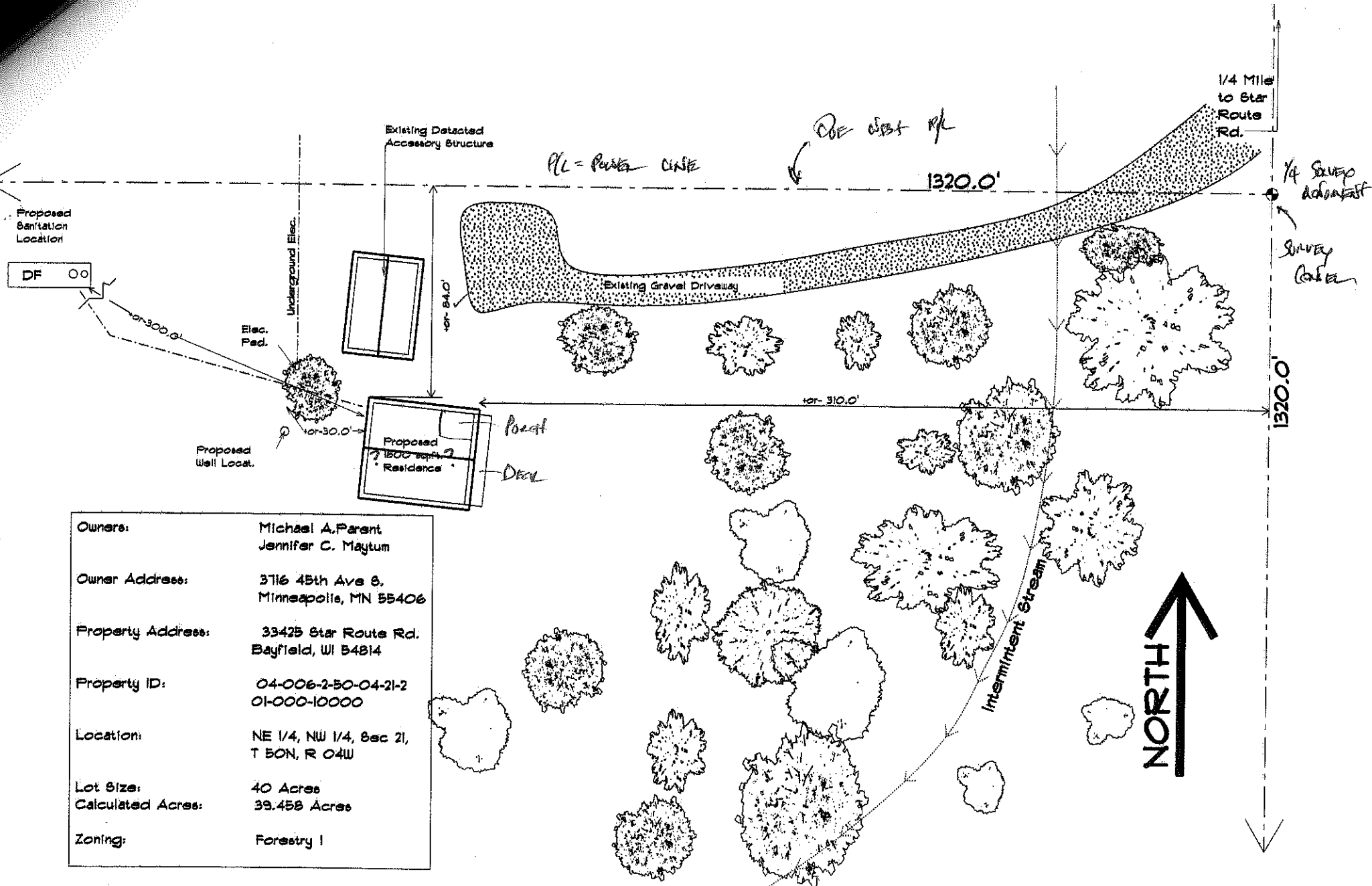
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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.

Issuance Information (County Use Only)	Sanitary Number: 12-12S	# of bedrooms: 1	Sanitary Date: 4-13-12
Permit Denied (Date):	Reason for Denial:		
Permit #: 12-0083	Permit Date: 4-27-12		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<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 #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
<input checked="" type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>the excavator, driver based on owner's previous violations - to be noted</i> <i>why he used his regulars vehicles + other appropriate code wants work</i>	Date of Inspection: 5-19-12	Inspected by: <i>DR</i>	Zoning District (FC) Lakes Classification ()
Condition(s): <i>Town Committee or Board Conditions Attached</i> <i>A violation existing code (201) prevent from the occupy structures</i> <i>most be obtained from to the start of construction</i> <i>WDC inspection agency</i>	Inspected by:	Date of Re-Inspection:	Date of Approval:
Signature of Inspector:			
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



Owners:	Michael A. Parent Jennifer C. Maytum
Owner Address:	3716 45th Ave S. Minneapolis, MN 55406
Property Address:	33425 Star Route Rd. Bayfield, WI 54814
Property ID:	04-006-2-50-04-21-2 01-000-10000
Location:	NE 1/4, NW 1/4, Sec 21, T 50N, R 04W
Lot Size:	40 Acres
Calculated Acres:	39.458 Acres
Zoning:	Forestry I