

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 20 2011

ENTERED
 Application No.: 11-0064
 Date: _____
 Zoning District: F-1
 Amount Paid: Cash \$75
 4-19-11 (MF)
 MF write CR 16
 zoning # 2104

INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept.
 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 NE 1/4 of SE 1/4 of Section 6 Township 44 North, Range 9 West, Town of Barnes
 Gov't Lot _____ Lot 22 Block _____ Subdivision _____ CSM # _____ Acreage 7.56

Volume 1035 Page 250 of Deeds Parcel I.D. 04-004-2-44-09-06-4 01-000-20000

Property Owner Charles & Shirley Sigler Contractor SELF (Phone) _____

Address of Property 5140 E Edlewild Plaker Rd Barnes, WI 54873 Plumber _____ (Phone) _____

Telephone (951) 388-5973 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

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 1
 Fair Market Value \$20,000 Square Footage 2268 ft Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) 36'x63' Type of Septic/Sanitary System Conv
 Residence sq. ft. _____ Mobile Home (manufactured date) _____

* 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 sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) Pole bldg. _____
 Residential Accessory Building (explain) _____ Commercial Other (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (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) Charles Sigler Date 4-19-11

Address to send permit N1243 831st St, Hager City, WI 54014

* See Notice on Back
 ATTACH Copy of Tax Statement or
 APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number _____ Date _____

Date 4-21-11 Permit Number 11-0064 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well Staked Metastable Property Owner's presentation BY M. Furtak Date of Inspection 4-19-11

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

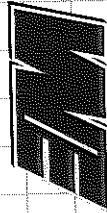
Condition: No water under pressure in structure Not to be used for human habitation.

Signed Michael Furtak 4-20-11
 Inspector Robert J. Furtak
 Bayfield County Zoning Department

APR 21 2011

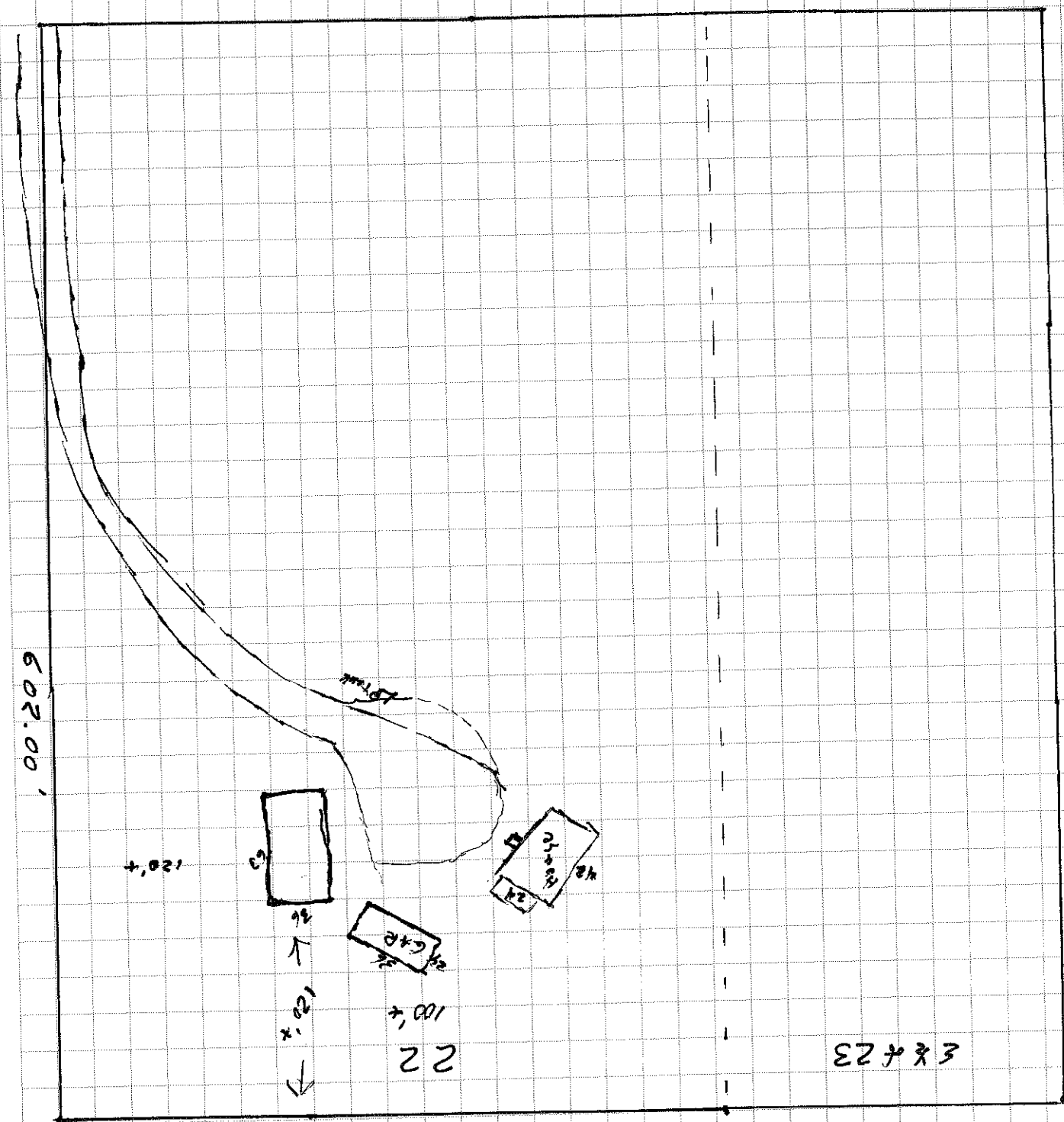
Sanitary Staff

28/2



WERNER Electric Supply

Proposed:
36x63 Poles



36 x 23

22
100' +

120' +

607.00'

LOCATIONS

Cottage Grove

780 95th Street S
Cottage Grove, MN 55016
Toll Free: 1-800-769-3701
Direct: 651-458-3701
Fax: 612-676-2578

St. Cloud

2900 First Street S
St. Cloud, MN 56301
Toll Free: 1-800-769-3705
Direct: 320-253-5440
Fax: 320-251-6560

Eau Claire

1338 N. Hastings Way
Eau Claire, WI 54703
Toll Free: 1-800-769-3704
Direct: 715-835-5176
Fax: 715-835-3936

Mankato

101 Mohr Drive
Mankato, MN 56001
Toll Free: 1-800-769-3702
Direct: 507-388-6245
Fax: 507-388-6248

La Crescent

190 Main Street
La Crescent, MN 55947
Toll Free: 1-877-895-3654
Direct: 507-895-3523
Fax: 507-895-9400

Owatonna

1000 24th Avenue NW
Owatonna, MN 55060
Toll Free: 1-800-769-3707
Direct: 507-455-1670
Fax: 507-455-0103

Rochester

3919 Hwy 14 West
Rochester, MN 55901
Toll Free: 1-800-769-3703
Direct: 507-288-3061
Fax: 507-288-4257