

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
 JUN 03 2011

Bayfield Co. Zoning Dept.

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.

Application No.: 11-0164
 Date: 6-13-11
 Zoning District: F-1, Class 3
 Amount Paid: \$75.00 RD5
6/6/11

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 1 Township 44 North, Range 9 West, Town of Barnes
 Gov't Lot _____ Lot _____ Block _____ Subdivision Parcel #1 of CSM # 13.8.246.247 Acreage 5.28
 Volume 508 Page 252 of Deeds Parcel I.D. 04-004-2-44-03-01-4-04-000-40000
 Property Owner Ricky A Pedevels Contractor Jim Johnson (Phone) 715-795-2161
 Address of Property 6780 Tars Pond Rd Plumber _____
Barnes, WI Authorized Agent _____ (Phone) _____

Telephone 715-223-4426 (Home) 715-389-4288 (Work)
 Is your structure in a Shoreland Zone? Yes No If Yes:
 Structure: New Addition _____ Existing _____
 Fair Market Value \$34,000.00 Square Footage 1144 USE:
 Residence or Principal Structure (# of bedrooms) _____
 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) garage 2 (26x44)
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes _____ No Number of Stories 1
 Sanitary: New _____ Existing _____ Privy SI City _____
 Type of Septic/Sanitary System SI
 Mobile Home (manufactured date) _____
 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) Rick Pedevels Date 5-31-2011
 Address to send permit 509 N. 7th St. Colby WI 54421 ATTACH Copy of Tax Statement or
Rick Pedevels (If you recently purchased the property Attach a Copy of Recorded Deed)

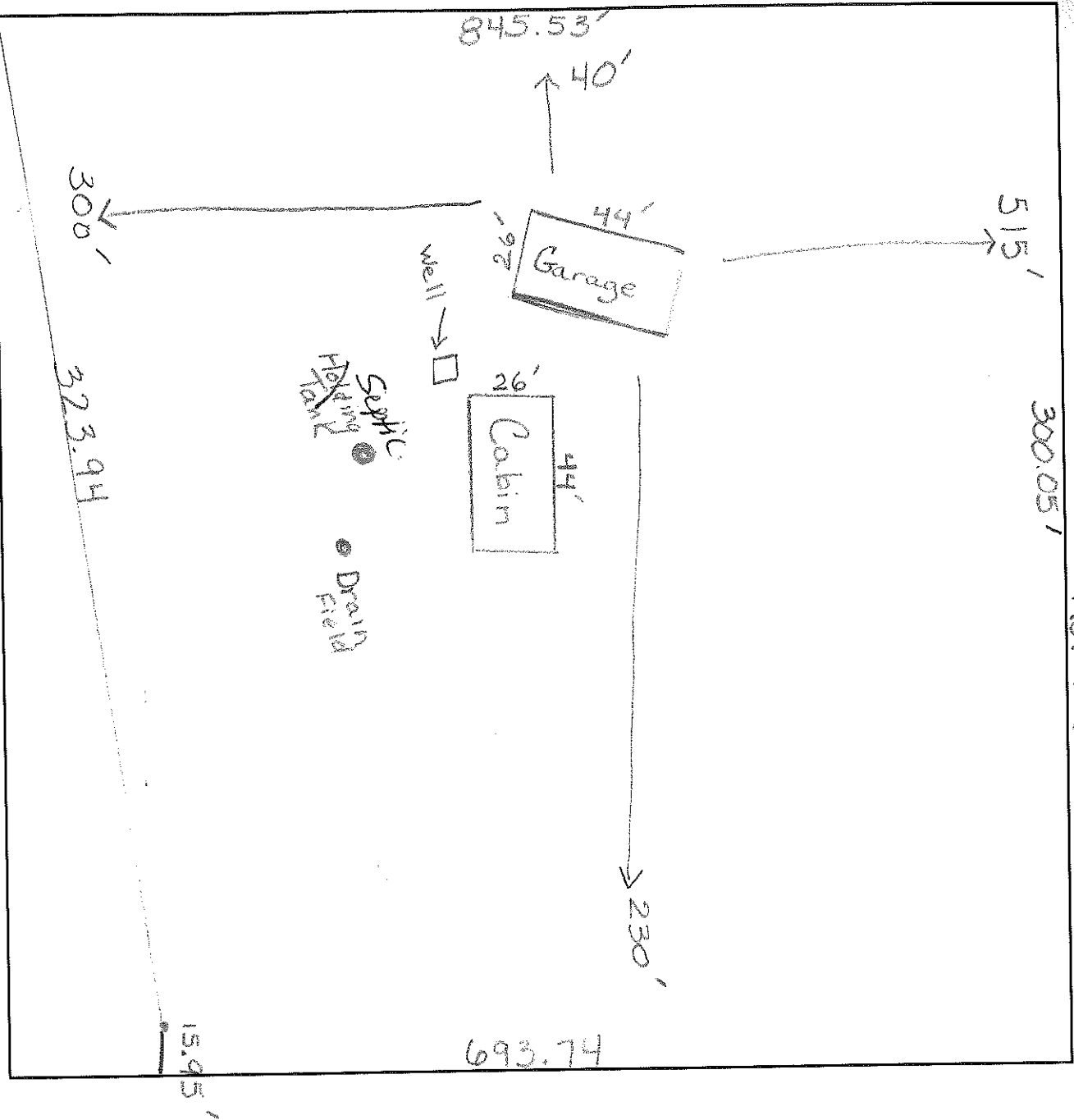
APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 6-13-11 Permit Number 11-0164 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Well Staked 11/20/10 by Mr. Toole. Property Lines per some's representation. BY Mr. Furtak Date of Inspection 6-7-11

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Not to be used for human habitation. No utility under
Basement in structure.

Signed Michael Toole Date of Approval 6-8-11
 Inspector _____

Lot Line North



Name of Frontage Road (Tars Pond)

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. IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-d) COMPLETELY
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

*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.