

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 01 2011

Bayfield Co. Zoning Dept.

Application No: 11-0237
 Date: 8-1-11
 Zoning District: R1 Class 1
 Amount Paid: \$15,300
\$5,31-11
6/1/11

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: _____ 1/4 of _____ 1/4 of Section 3 Township 44 North, Range 9 West, Town of Bains
 Gov't Lot 5 Lot 9 Block _____ Subdivision V.3, D33 CSM # 187 Acreage .90

Volume 448 Page 331 of Deeds Parcel I.D. 04-004-2-44-09-03-3 05-005-06000

Property Owner: Don Monahan Contractor: self (Phone) _____

Address of Property: 4035 Wollman Rd Anger Rosmusen + Sons (Phone) _____

Bains, WI 54873 Authorized Agent _____ (Phone) _____

Telephone: 795-2153 733 690-7080 (Home) 690-7080 (Work) Written Authorization Attached: Yes No

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 _____ walk-out Basement: Yes No Number of Stories 1

Fair Market Value: \$120,000 Square Footage: 1,380 sq ft 1,580 sq ft Existing DF Privy _____ City _____

USE:

* Residence or Principal Structure (# of bedrooms) 4 1/2 x 36 = 1,440 Type of Septic/Sanitary System Conc

Mobile Home (manufactured date) _____

* Residence w/deck-porch (# of bedrooms) 2 Commercial Principal Building _____

Residence sq. ft. 1440 36 x 40 Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. 13 x 12 = 144 Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

* Residence Watched garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential 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 or Authorized Agent (Signature) Don Monahan Date 5/31/2011

Address to send permit give to Mike ATTACH _____

* See Notice on Back Copy of Tax Statement or _____

APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed) _____

Permit Issued: State Sanitary Number 11-655 Date 7/28/11

Date 8-1-11 Permit Number 11-0237 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: will stoped. Meet to all outside Property Lines per owners' representations By Mr. Furtak Date of Inspection 5-31-11

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

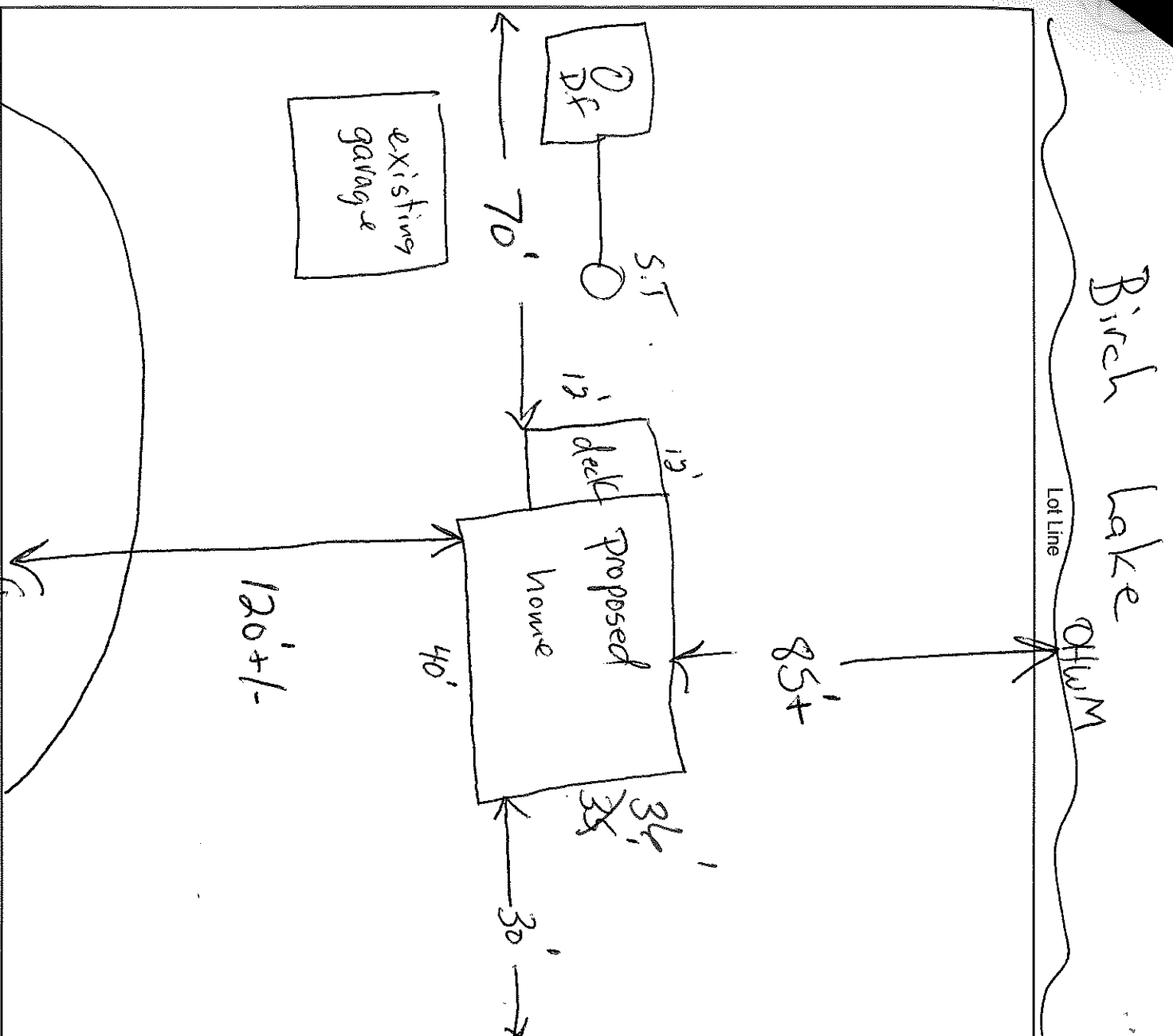
Condition: _____

Rac'd for Issuance _____ Signed Michael Furtak Date of Approval 6-1-11

AUG 1 2011 Inspector _____

Secretarial Staff _____

\$360 ENTERED



Name of Frontage Road (Walkway Rd)

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.