

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
 JUL 13 2011

Application No.: 11-0873
 Date: 8/15/2011
 Zoning District: R1
 Amount Paid: \$ 300.00
PDS 7/14/11

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 _____ 1/4 of _____ 1/4 of Section 17 Township 45 North, Range 9 West, Town of Barnes
 Gov't Lot _____ Lot 4 Block _____ Subdivision Siox Add to Pigeonbow Estates, LLC Acres .688

Volume 619 Page 114 of Deeds Parcel I.D. 04-004-2-45-09-17-2 00-380-04000

Property Owner: Michael Alston, Marianne Well Contractor: Mountaineer Const. (Phone) _____
 Address of Property: 55915 Little Island Rd Plumber: Seremy Driscoll 739-6255
Barnes WI 54873 Authorized Agent: Doug Mantney (Phone) _____

Telephone 725-2099 (Home) _____ (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 Number of Stories 1
 Fair Market Value \$165,000 Square Footage 832 sq ft Sanitary: New Existing Privy City
 USE: _____ Type of Septic/Sanitary System Conu

* Residence or Principal Structure (# of bedrooms) 2 (21' x 32')
 Residence sq. ft. 832 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) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____
 Residential Accessory Building (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (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) Michael Alston Date 7-12-11
 Address to send permit same as above

* See Notice on Back ATTACH _____
 Copy of Tax Statement or _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number 904717 Date 9-15-08
 Date 8/15/2011 Permit Number 11-0873 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: well installed. Meets all setbacks. Property lines per owner's representations By M. Funtak Date of Inspection 7-19-11

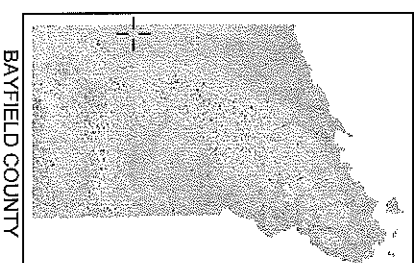
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Rec'd for Issuance _____ Signed Michael Funtak _____
AUG 15 2011 Inspector _____ Date of Approval _____
 Secretarial Staff _____

V. 1058, P. 765, 766



Mueller/Alston Aerial Map



45' to rear lot line
40' from N. lot line
45' from S. lot line
130' from E of town road.