

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 06 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: 11-03827
 Date: 9/14/11
 Zoning District: R-1, Class B
 Amount Paid: \$125.00
 7/8/11

\$75 + 50 = \$125.00

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Use Tax Statement for Legal Description

Legal Description 1/4 of Section 17 Township 45 North, Range 9 West, Town of Barnes
 Gov't Lot 17 Lot 17 Block _____ Subdivision Commande + Kunningberg's Add. to Potomac CSM # 12434 Acreage 1.2434

Volume 580 Page 227 of Deeds Parcel I.D. 04-004-2-45-09-17-2 00-153-11000
 Property Owner James & Sandra Wolfzko Contractor self 00-370-33000
 Address of Property XXX E. Island Dr. Plumber _____
Barnes, WI 54873

Telephone 715 399-8670 (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 _____
 Fair Market Value 45,000 Square Footage 690 Sanitary: New _____ Existing _____ Privy City _____
 USE: _____

* Residence or Principal Structure (# of bedrooms) deck 400 Type of Septic/Sanitary System Privy
 Residence sq. ft. _____ Mobile Home (manufactured date) _____
 * Residence w/deck-porch (# of bedrooms) 2 + 10ft
 Residence sq. ft. 600 Porch sq. ft. 10' x 40'
 Deck sq. ft. 400 Deck(2) sq. ft. _____

- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- 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) James E Wolfzko Date 7-5-11

Address to send permit 5928 S McKinley Rd, South Range, WI 54874 ATACH copy of Tax Statement or
 * See Notice on Back If you recently purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number Privy 1971-PS93 Date 9-20-93
 Date 9/14/11 Permit Number 11-03827 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: well staked. Meets all setbacks. Property lines per owners representations. By M. Furtak Date of Inspection 9-13-11

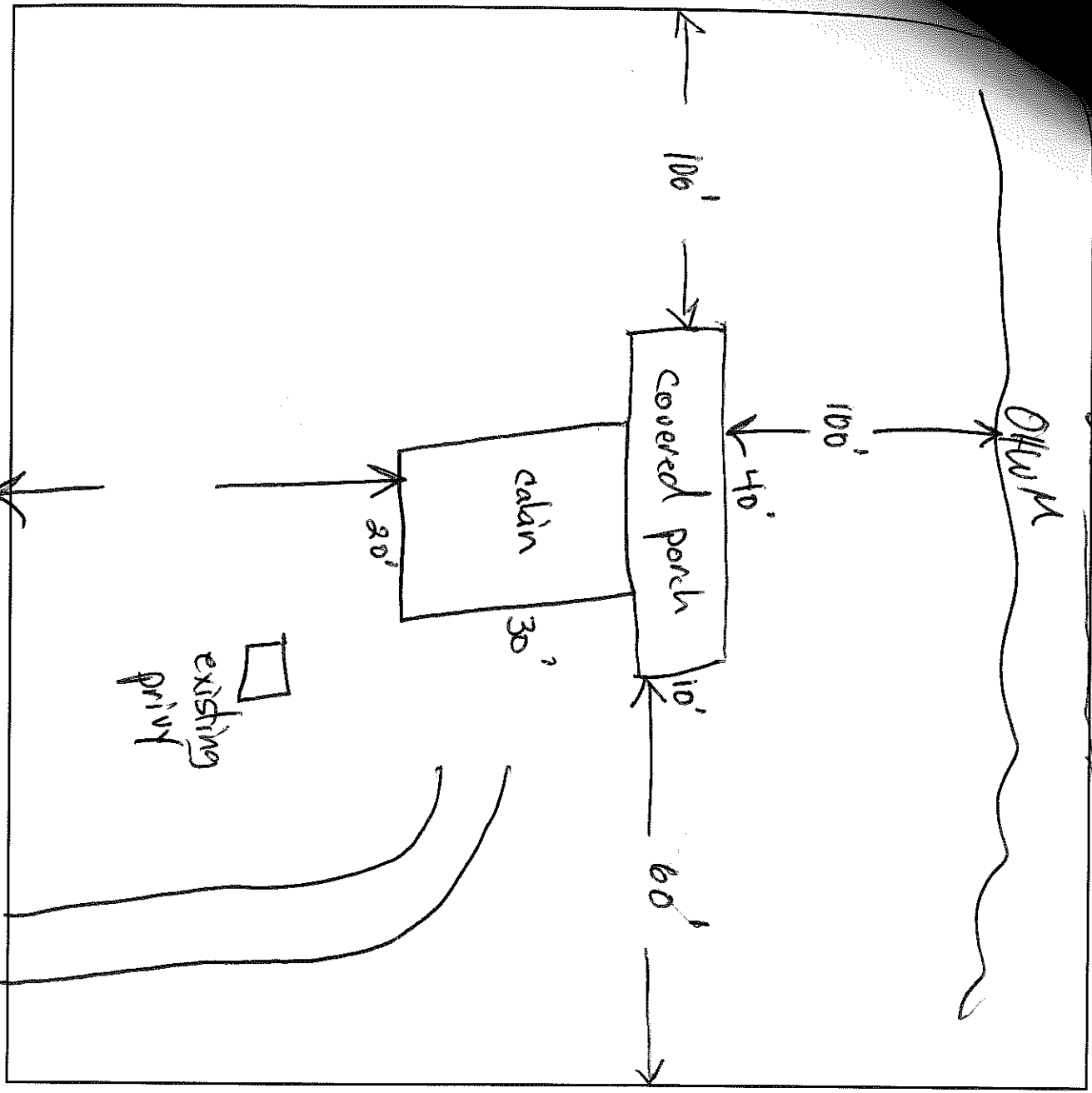
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: No water under pressure in structure. No plumbing pictures in structure.

Rec'd for Issuance _____ Signed Michael Furtak Date of Approval 9-14-11
 SEP 14 2011

Secretarial Staff

Island Lake

200' Lot Line



Name of Frontage Road SE Island Dr.

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.