

ENTERED

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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

Application No: 10-0323
 Date: R-1
 Zoning District: R-1
 Amount Paid: \$75
8/17/10
RDS

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: 4+ 14 1/4 of 8 Township 45 North, Range 9 West, Town of Barnes
 Gov't Lot: 4+ 14 Block Communique Add. to Potawatomi Estates Acreage 459 + .689
 Volume: 762 Page 624 of Deeds Running Bears Hold Parcel I.D. 04-0042-45-09-08-3 00-270-05000
 Property Owner: Lynette K. Beckwell Contractor Opportunity Const. (Phone) 100-153-03000
 Address of Property: 2260 Pine Chip Dr. Plumber Ray Nellissen
Barnes, WI 54873
 Telephone 795-2836 (Home) _____ (Work) _____
 Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition Existing _____
 Fair Market Value \$3,000 Square Footage 600 ft
 USE: 20' x 30'
 * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) deck
 Residential Accessory Building (explain) _____
 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 _____
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System CONV
 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) Michael Furtak Date 8-17-10
 Address to send permit: same as above ATTACH _____
 Copy of Tax Statement or _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

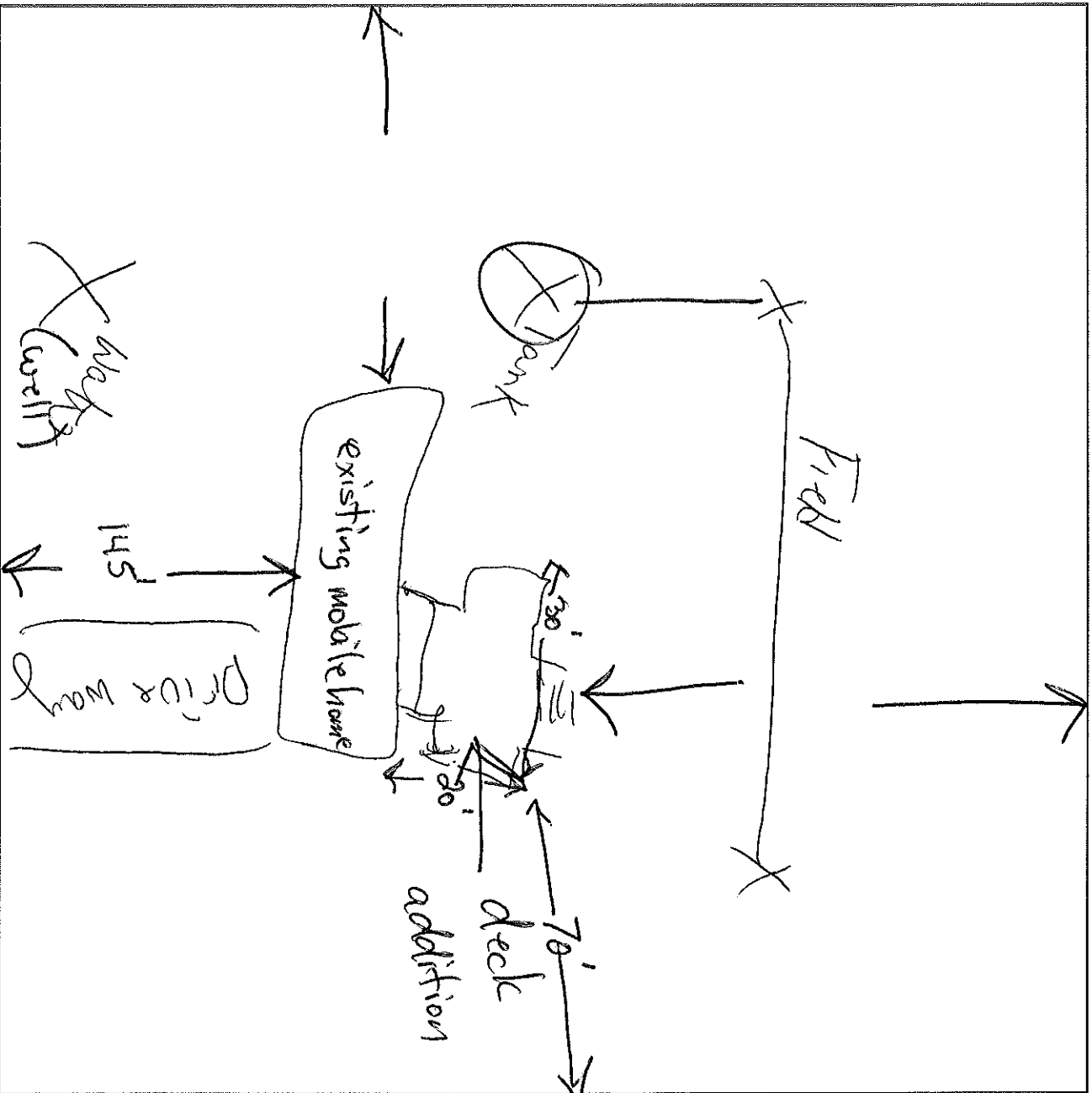
* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 264183 Date 1996 (7/31)
 Date 8/23/10 Permit Number 10-0323 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Will stake all setbacks Property Owners representations By M. Furtak Date of inspection 8-17-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Michael Furtak 8/18/10 Date of Approval _____
 Inspector _____
Sub-standard lot of wood fused to a legal lot. Rec'd for Issuance _____
 AUG 20 2010

Secretarial Staff

Lot Line



Name of Frontage Road (FR Pine Clump 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.