

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Application No: 09-0090
 Date: _____
 Zoning District: R-1, R-3, Class 1
 Amount Paid: \$75 4/16/09
 MY

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

RECEIVED
 APR 16 2009
 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.

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Use Tax Statement for Legal Description
 Legal Description S 1/4 of 2 Township 44 North, Range 9 West, Town of BARNES
 Gov't Lot 3 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.566
 Volume 681 Page 52 of Deeds Parcel I.D. 04-004-2-44-09-02-4 05-003-30000
 Property Owner ROBERT F AND BARBARA J GIROTT Contractor SELF (Phone) _____
 Address of Property 5595 JAMES RD Plumber _____
BARNES, WI 54873 Authorized Agent _____ (Phone) _____
 Telephone 612 849 9755 (Home) 763 591 5518 (Work) _____
 Is your structure in a Shoreland Zone? Yes No If YES, _____
 Structure: New _____ Addition Existing _____
 Fair Market Value \$6,000,00 Square Footage 90
 USE: _____
 * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck/porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) 10' x 9' POR (H+FR) POOL
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

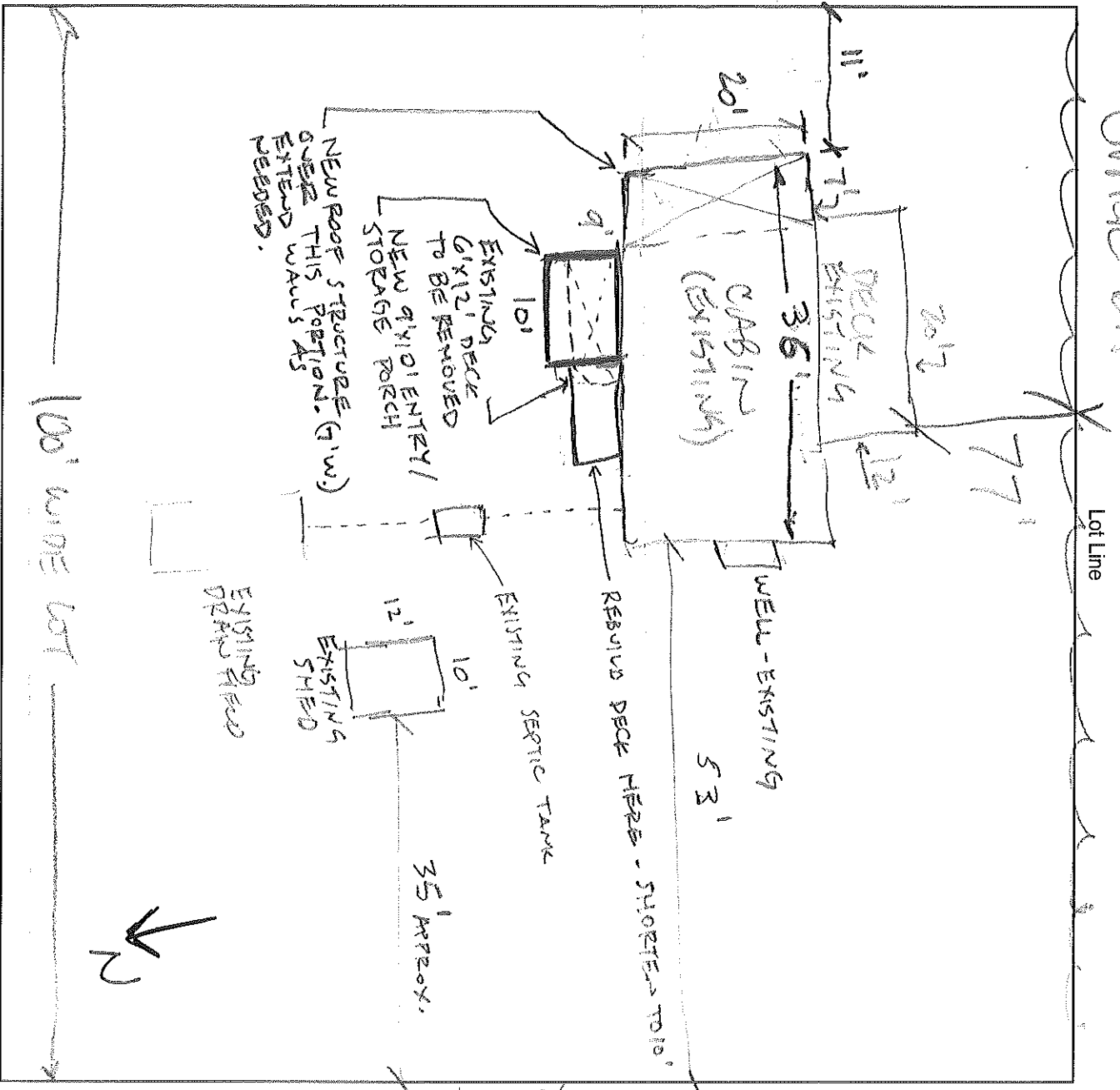
Residence sq. ft. 700
 Deck sq. ft. 210
 Porch sq. ft. 90
 Deck(2) sq. ft. _____
 Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes _____ No Number of Stories 1
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System TRUNK w/ DRAIN FIELD
 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 OF 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 said laws to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 4-14-09
 Address to send permit 11443 Zachary Lane N, Bayton, MN 55369 ATTACH
 * See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 4/22/09 Permit Number 09-0090 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Metal all setbacks. Property lines per previous representations. By M. Furtak Date of Inspection 4-21-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Michael Furtak 4-22-09 Date of Approval
 Inspector Rec'd for Issuance

MELBA CLARE WARE



Name of Frontage Road (JAMES ROAD)

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.