

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 15 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.

Application No.: 09-0283
 Date: _____
 Zoning District: R-1, R-3
 Amount Paid: Per \$75
Cash 7-14-09 MF
7/15/09 mg

\$75

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description 1/4 of 18 1/4 of Section 44 Township 9 North, Range 9 West, Town of Barnes
 Part of Gov't Lot 2 Lot 1 Block 971 Subdivision CSM # 971 Acreage 5.775

Volume 747 Page 296 of Deeds Parcel I.D. 04-004-2-44-09-18-1 05-002-0900

Property Owner David O'Sheughnessy Contractor Pete Binder (Phone) 634-8247

Address of Property 1985 Smart Rd Barnes, WI 54873 Plumber _____

Telephone 795-2820 (Home) 393-2016 (Work) _____
 Authorized Agent Pete Binder (Phone) 634-8247

Is your structure in a Shoreland Zone? Yes No if yes. _____
 Written Authorization Attached: Yes No MF obtained 7/22

Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition Existing Basement: Yes No Number of Stories _____

Fair Market Value \$1,000 Square Footage 160 Sanitary: New Existing Privy _____ City _____

USE: _____ Type of Septic/Sanitary System CDU

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____

Deck sq. ft. _____ Deck(2) 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) _____

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) _____

Owner or Authorized Agent (Signature) Pete Binder Date 7-14-09
 Address to send permit Pete Binder, 12971 W. County Rd B Hayward, WI 54843

* 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 _____ Date _____

Date 7/15/09 Permit Number 09-0283 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Meets all setbacks. Property lines per contractor's representation. By M. Futch Date of Inspection 7-14-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # 539

Condition: _____ 22' from private rd.

_____ 90-9143

Signed Michael Futch 7-15-09 Date of Approval _____

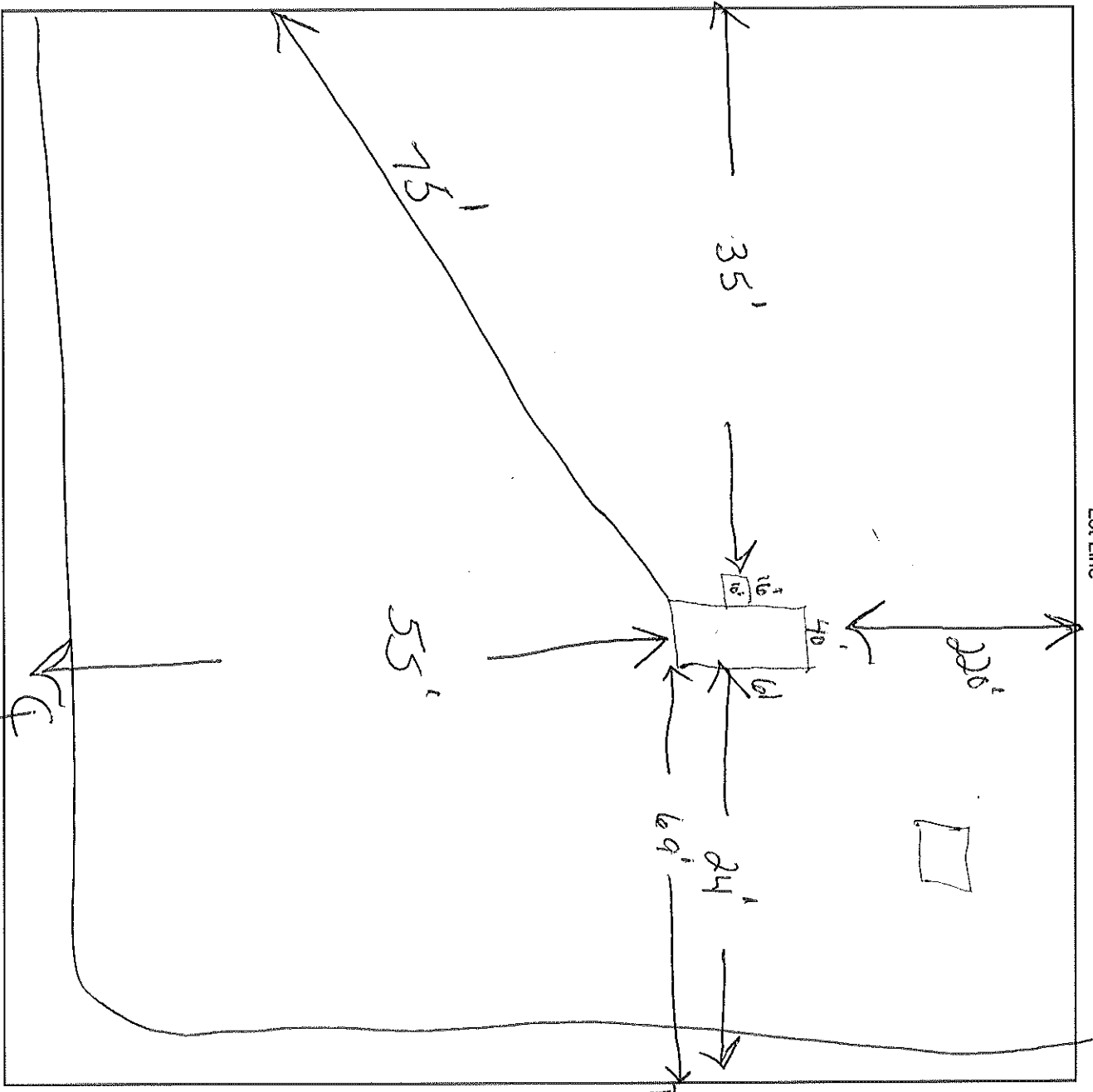
Inspector _____ Rec'd for Issuance _____

JUL 15 2009

Secretarial Staff

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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Middle Egg Claire Lake
DHUM



Name of Frontage Road (Smart 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.
 - 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
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:

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.