

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
 AUG 05 2009
 Bayfield Co. Zoning Dept.

\$3/1000 = \$801
 Interconnect \$80

Application No.: 09-0333
 Date: _____
 Zoning District: R-1, RRB, Class 1
 Amount Paid: \$801 Rev
50 San Connect

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 _____

Legal Description 1/4 of Section 5 Township 44 North Range 9 West Town of Bernes
 Unit 4 Leona Echo Bay CSM# _____
 Gov't Lot 3+4 Lot 4 of 10 Block _____
 Volume 962 Page 258 of Deeds _____ Parcel I.D. # 04-004-2-44-09-05-4
00-664-0400

Property Owner: Gregory J Baune Contractor _____ (Phone) _____
 Address of Property Unit 4 of Leona Echo Bay Plumber Spague Plumbing LLC
 Fire marker 51190 State Hwy 27 Authorized Agent Sim Johnson (Phone) 612-221-1594
 Telephone 651 454 6835 (Home) 905-6421 Written Authorization Attached: Yes No
612 384-7777 (Work)

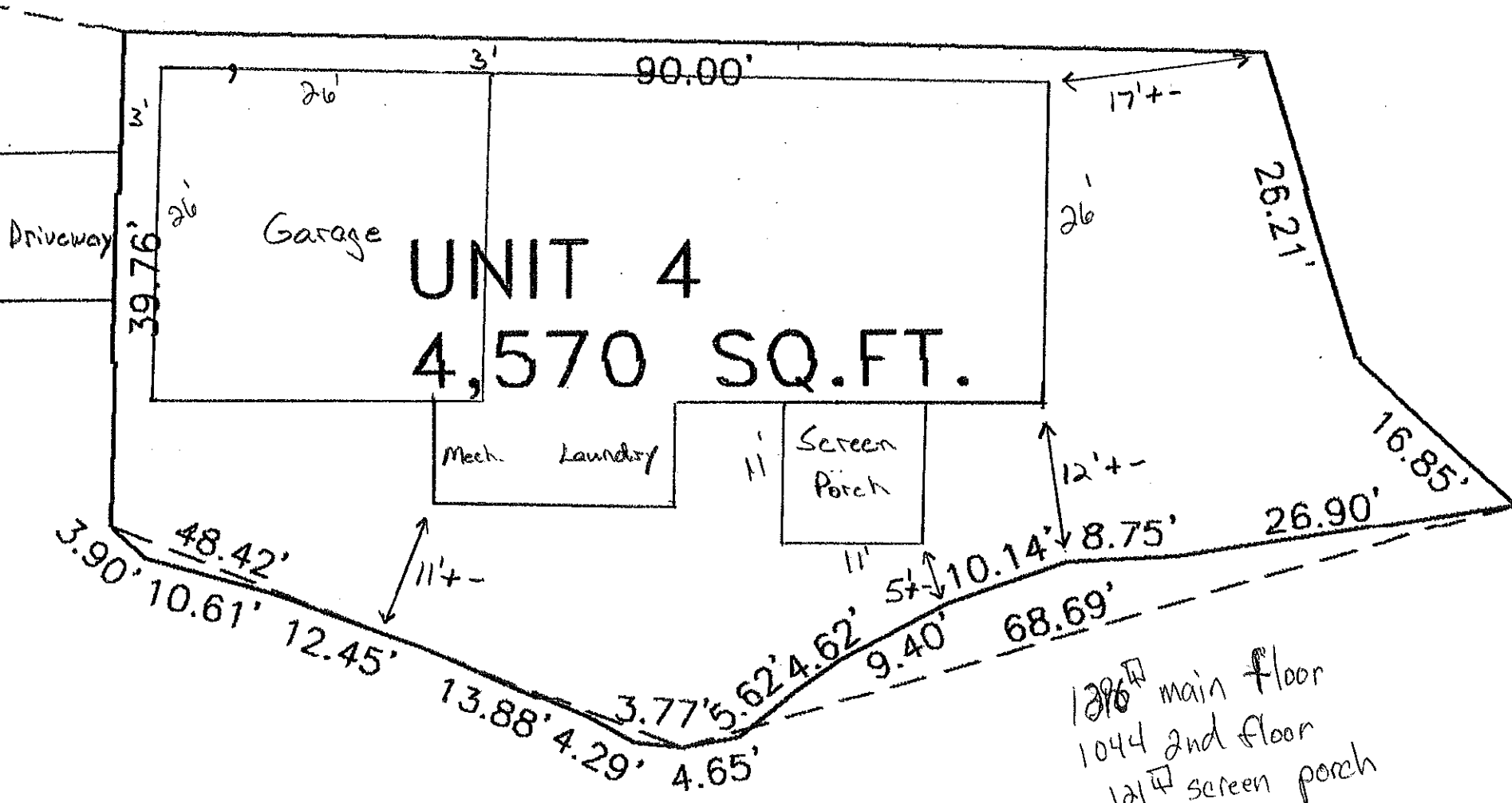
Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Estimated Cost of Construction \$267,000 Square Footage _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. 2424 Porch sq. ft. 1214
 * Residence w/attached garage (# of bedrooms) 3
 Residence sq. ft. 2340 Garage sq. ft. 676
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 7/13/09
 Address to send permit 11507 Avery Dr Inver Grove Heights MN 55077 ATTACH Copy of Tax Statement
 * See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number 07-156 S Date 9-11-07
 Date 8/14/09 Permit Number 09-0333 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets all setbacks. Property lines per owners representations By M. Fustek Date of Inspection 8-4-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Must contact Bayfield County for Sanitary interconnect inspection.
 Signed Michael Fustek Date of Approval 8-5-09
 Inspector _____

1" = 12.135'



1296 sq main floor
1044 sq 2nd floor
121 sq screen porch