

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.: 09-0496
 Date: _____
 Zoning District: C
 Amount Paid: \$125.00 RAS
7/17/09

RECEIVED
 JUL 10 2009

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department, Bayfield Co. Zoning Dept. 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 SW 1/4 of NE 1/4 of Section 34 Township 45 North, Range 9 West, Town of Barnes
 Gov't Lot 1 Block _____ Subdivision _____ CSM # 1431 Acreage 4.48
 Volume 934 Page 534 of Deeds _____ Parcel I.D. 04-004-2-45-09-34-1-03-000-60000

Property Owner Peter Mathison Contractor _____ (Phone) _____
Jean Sattlyff _____ (Phone) _____
 Address of Property 41745 Cty Hwy N
Barnes, WI 54873

Telephone 781-1784 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No **if yes.**
 Structure: New Addition Existing _____
 Fair Market Value \$5,000 Square Footage 28074
USE: _____
 Residence or Principal Structure (# of bedrooms) 14' x 20'
 _____ (Work) _____

- 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) _____
- 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) Joan Sattlyff Date 7-9-09
P.O. Box 106, Downing, WI 54734

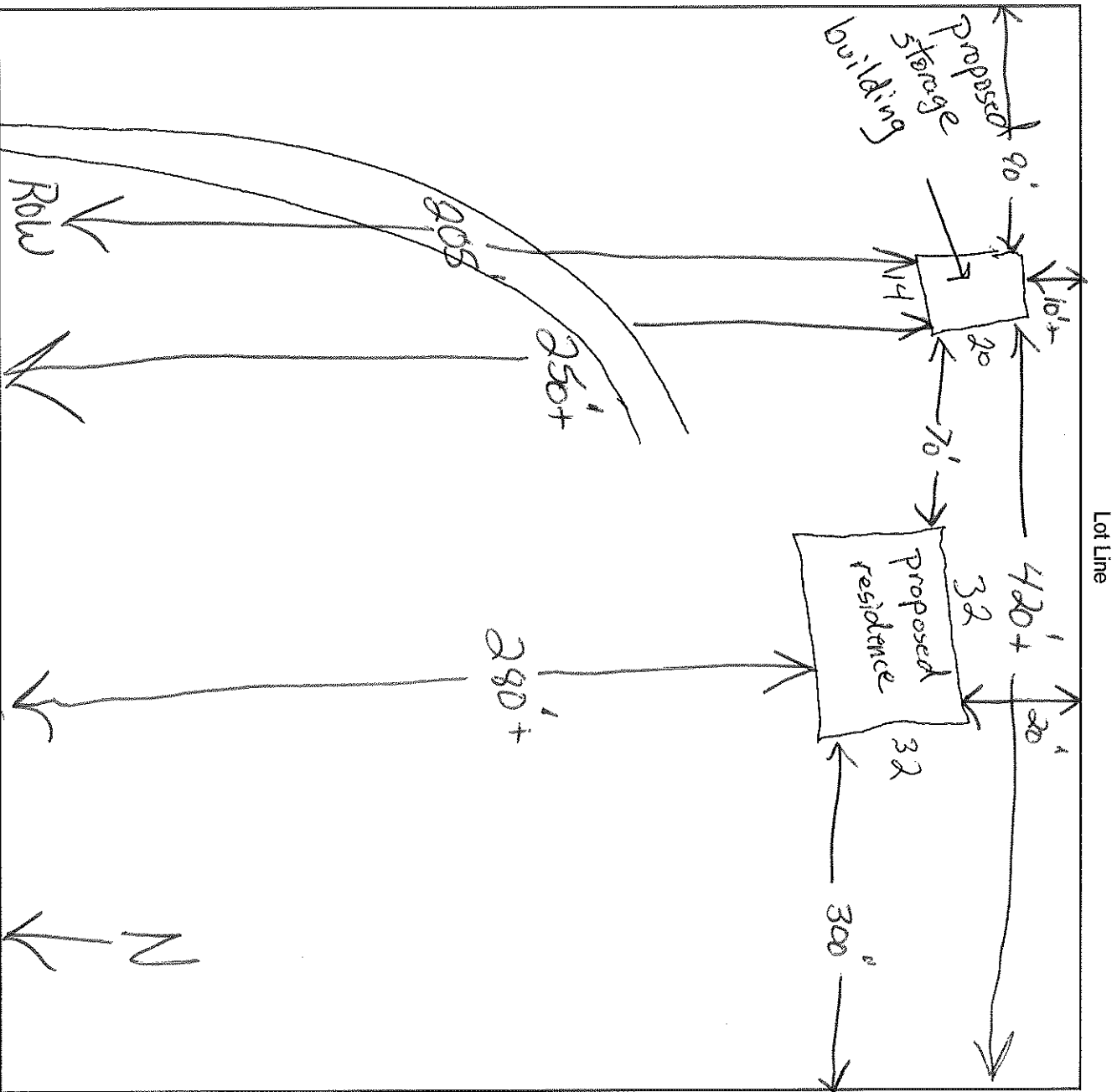
* See Notice on Back
 Address to send permit _____ ATTACH
 Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT -- PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
 Date 10/20/09 Permit Number 09-0496 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets all setbacks Property lives per owner's representation
 By M. Fustak Date of Inspection 7-28-09

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: see affidavit and ZC decision (no add'l conditions applied x Town or ZC)
 Signed Michael Fustak 7-30-09
 Inspector _____ Date of Approval _____





Name of Frontage Road (City Hwy N)

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.

