

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

OCT 12 2009

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 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
 Volume 934 Page 534 of Deeds Parcel I.D. 04-004-2-45-09-34-1 03-000-60000
 Property Owner Peter Mattison, Joan Sotliff Contractor SELF
 Address of Property 4745 City Hwy N Plumber James Clement
Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 715-781-1784 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition Existing
 Fair Market Value \$80,000 Square Footage 1184 Number of Stories 1
 Sanitary: New Existing Privy _____ City _____
 Type of Septic/Sanitary System CONV
 Mobile Home (manufactured date) _____

Residence sq. ft. 4 x 10 = entry way
 * Residence w/deck-porch (# of bedrooms) 120 Commercial Principal Building _____
 Residence sq. ft. 40 Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____
 Deck sq. ft. 10 x 12 = 120 sq ft Deck(2) sq. ft. 10 x 12 = 120 sq ft Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) 10 x 12 = 120 sq ft Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (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) Peter Mattison Date 10/07/09

Address to send permit P.O. Box 106, Downing, WI 54734

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number 09-845 Date 8-12-09
 Date 10/20/09 Permit Number 09-0493 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Meets all set backs. Property lines per owners representations. By M. Furtak Date of Inspection 10-16-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Michael Furtak Inspector Date of Approval 10-17-09
 Rec'd for Issuance OCT 20 2009

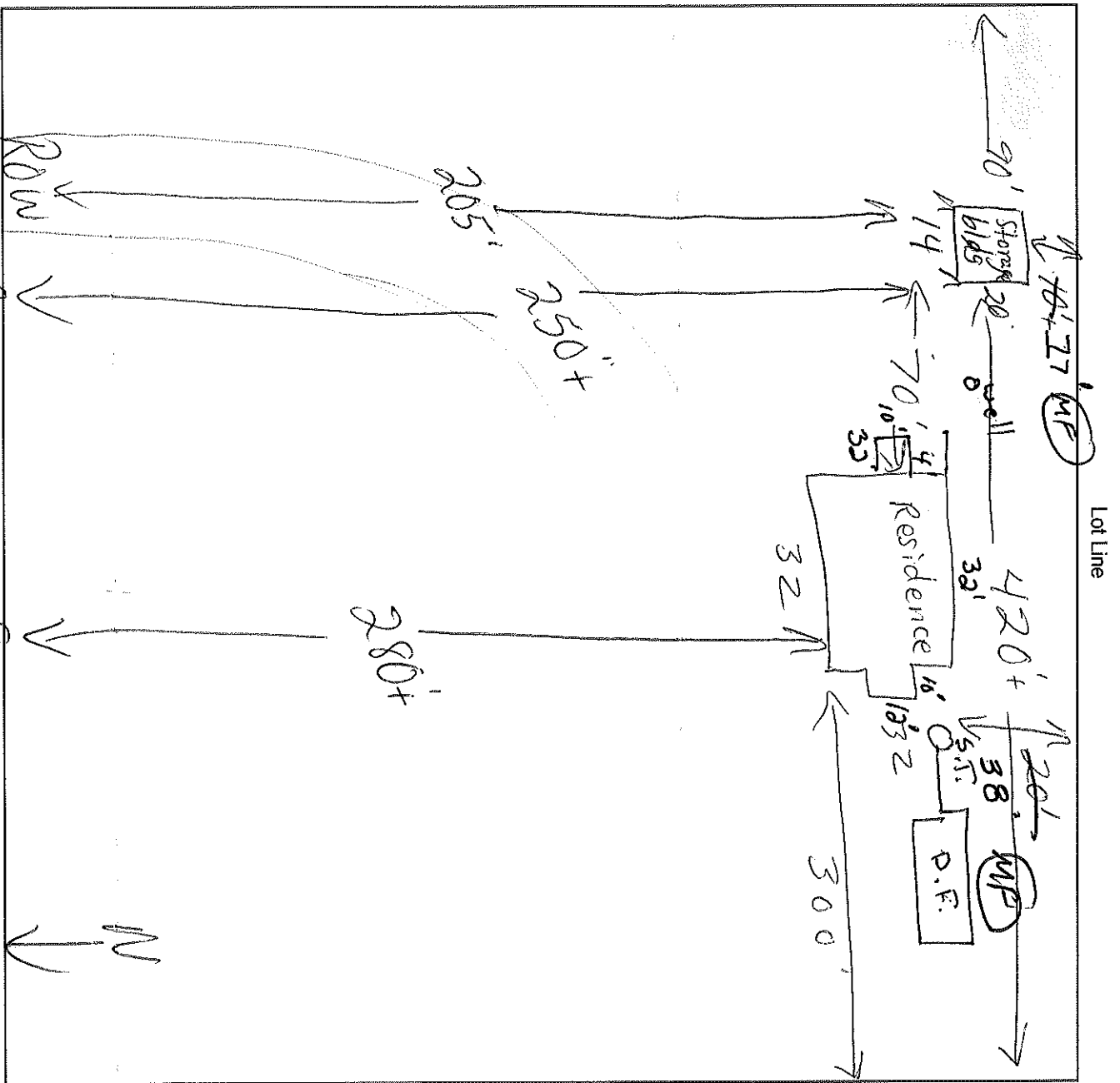
Per request -
 Called Applicant 2 Per. # 10/20/09 m8

Secretarial Staff

ENTERED

\$250

Application No. 09-0493
 Date: _____
 Zoning District C
 Amount Paid: \$250.00 EPS
10/13/09



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 tank, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.