

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
 APR 25 2008
 Bayfield Co. Zoning Dept.

ENTERED
 Application No.: 08-0103
 Date: _____
 Zoning District: R-6B(-)
 Amount Paid: \$360.00 PDS
42508

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.

N 363' N of govt. lot lin v. 319 P. 447 & V. 488 P. 184-85 less com'g v. 4 P. 292 & # 8104 V. 6 P. 713

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Legal Description 1/4 of 1/4 of Section 7 Township 50 North, Range 3 West, Town of BAYFIELD
 Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 7.6
 Volume 671 Page 186 of Deeds _____ Parcel I.D. # 066-1007-07-000 Use Tax Statement for Legal Description

Property Owner Jim Davis Contractor Lipka Construction (Phone) 715-685-0855
 Address of Property Apostle Bay Rd. Bayfield, WI 54814 Plumber Ed Redinger Superior Plumbing & Mech
 Authorized Agent Frank Lipka (Phone) 715-685-0855

Telephone 715-779-5644 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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 _____ Basement: Yes _____ No Number of Stories 1
 Estimated Cost of Construction \$120,000 Square Footage 1288 Sanitary: New Existing _____ Privy _____ City _____
USE: _____

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. 144 Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) 2
- Residence sq. ft. 1288 Garage sq. ft. 576
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- 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 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) [Signature] Date 4-21-08

Address to send permit 3100 Ellis Ave, Ashland, WI 54806 ATTACH Copy of Tax Statement

* See Notice on Back

If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 08-265 Date 4/29/08
 Date 5/5/08 Permit Number 08-0103 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: GENERAL SEWER/CONDUITS AS PERMITTED BY ORD. 1000-1000 TO BE CASE GARANT
PLD. SEWER MAP BE ISSUED BY CHAIRMAN'S DDC
& PERMITS SANITARY.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: STRUCTURE MUST BE AT LEAST 60 FT. FROM THE CENTERLINE OF THE ADJACENT SHULME RD.
 Date of Inspection 5-2-08
 Signed [Signature] Inspector [Signature] Date of Approval 5-2-08
Rec'd for Issuance
 Record for Issuance

② A uniform drawing code (or) permit from the zoning department VDC inspection agency must be obtained

Check map (verify PL)
Sanitary

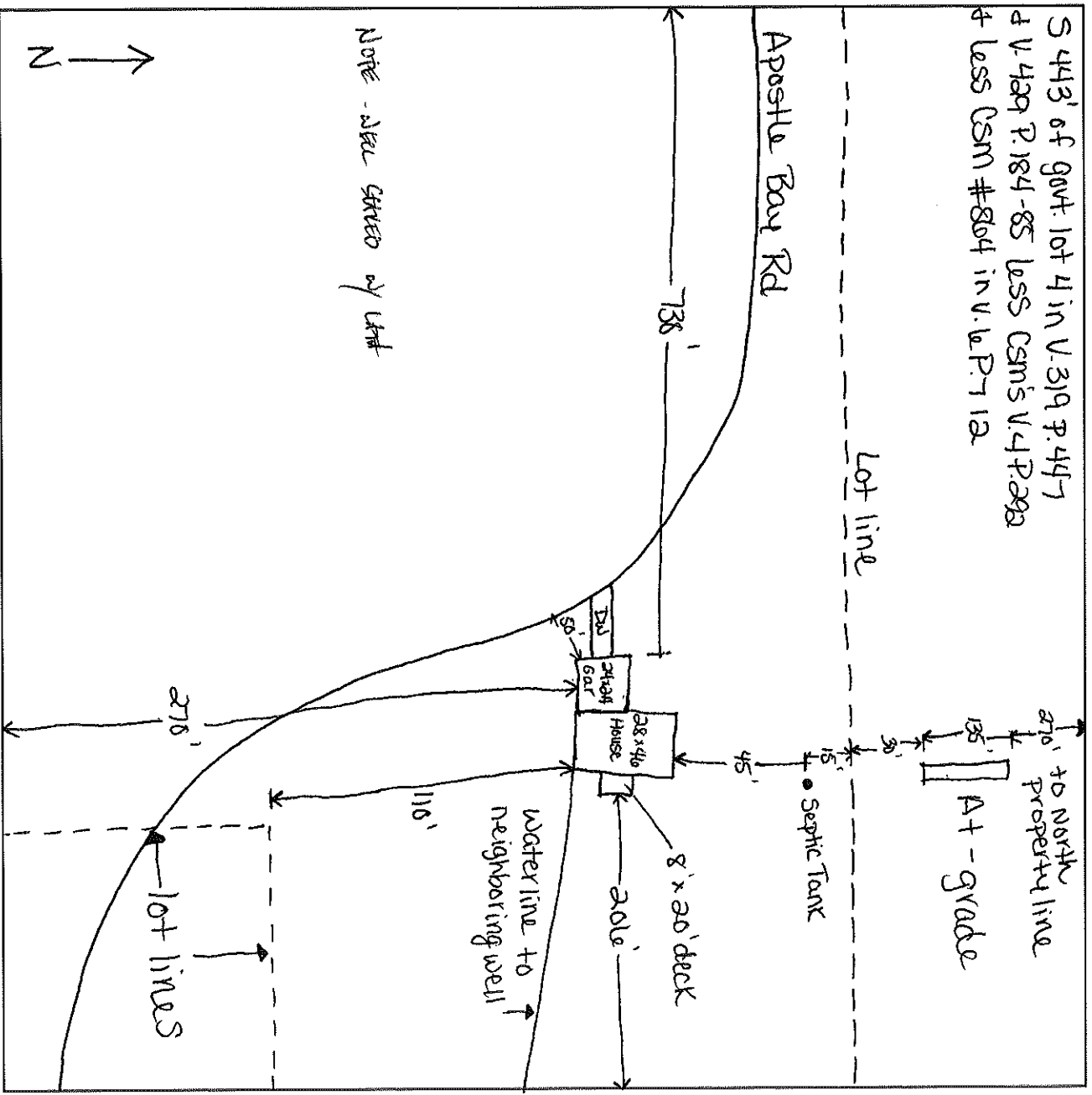
Town Ed. Status

MAY 05 2008

Secretarial Staff

Lot Line

S 443' of govt. lot 4 in V. 319 P. 447
+ V. 429 P. 184-85 less Csm's V. 4 P. 292
+ less Csm #804 in V. 6 P. 7 12



Name of Frontage Road (Apostle Bay 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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

04 004 2450918

100 154 09000

\$90

ENTERED ✓

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 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Application No.: 08-0110
 Date: _____
 Zoning District: R-1
 Amount Paid: \$90.00 PPS
5/7/08

RECEIVED
 APR 22 2008
 Bayfield County Zoning Dept.

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

Legal Description: 1/4 of Section 18 Township 45 North, Range 9 West, Town of Barnes
Cree Add. to Petawatow Estates CSM # _____ Acreage 1.38

Gov't Lot 10 Block _____
 Volume 978 Page 625 of Deeds (Barn) Parcel I.D. # 004-1260-04-991 Use Tax Statement for Legal Description
 Property Owner GARY BARN Contractor Brad Bruner (Phone) 795-2449

Address of Property 55885 Wilderness Ct Plumber
Barnes, WI 54873
 Telephone 563-4466 (Home) 723-1356 Cell 723-1356

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing _____
 Estimated Cost of Construction 130,000 Square Footage 4467 Sanitary: New _____ Existing CONV Privy _____ City _____
 USE: * 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) Rec Room
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- 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) _____
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Owner or Authorized Agent (Signature) [Signature] Date 4-22-08
 Address to send permit Brad Bruner, 50465 Sunset Resort Rd, Barnes, WI 54873 ATTACH
 * See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

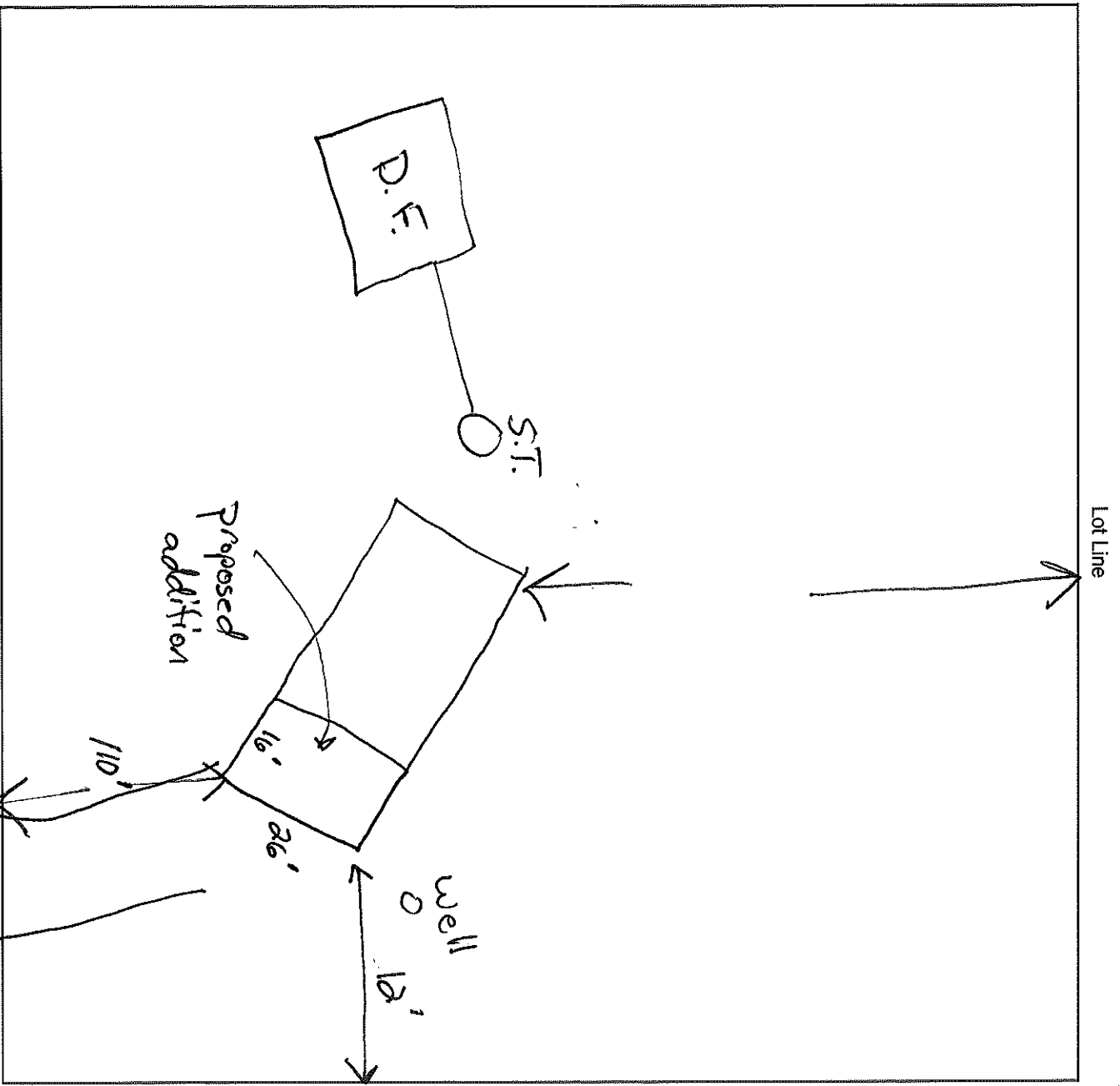
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 5/7/08 Permit Number 08-0110 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Wall staked. Mats all set back. Property lines per agents.
Contractor's representations by M. Furtak Date of Inspection 4-22-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Michael Furtak 4-23-08
 Inspector Rec'd for Date of Approval

MAY 07 2008

Secretarial Staff



Name of Frontage Road Wilderness Ct. E

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
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 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

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Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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\$75



Application No: 08-0109
 Date: _____
 Zoning District: RH_{1c} Class 1
 Amount Paid: \$75.00 RDS
4/30/08

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
 Legal Description 1/4 of 8 1/4 of Section 44 Township 9 North, Range 9 West Town of Barnes
 Gov't Lot 6 Lot _____ Block _____ Subdivision _____ CSM # 3.9
 Volume 799 Page 896 of Deeds Parcel I.D. # 004-1083-05000 Use Tax Statement for Legal Description
 Property Owner Dale Thompson Contractor Tea Desrosiers (Phone) 795-2132
 Address of Property 2057 Lake Rd Plumber
Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone _____ (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If Yes, _____
 Written Authorization Attached: Yes No
 Structure: New Addition _____ Existing _____
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes _____ No Number of Stories 1
 Estimated Cost of Construction \$5,300 Square Footage 576 Sanitary: New _____ Existing Privy C City _____
 USE: * 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) _____
 Residential Accessory Building (explain) garage
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

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Owner or Authorized Agent (Signature) [Signature] Date 4-23-08
 Address to send permit Tea Desrosiers, 54525 Barnes Rd, Barnes, WI ATTACH
 54873 Copy of Tax Statement
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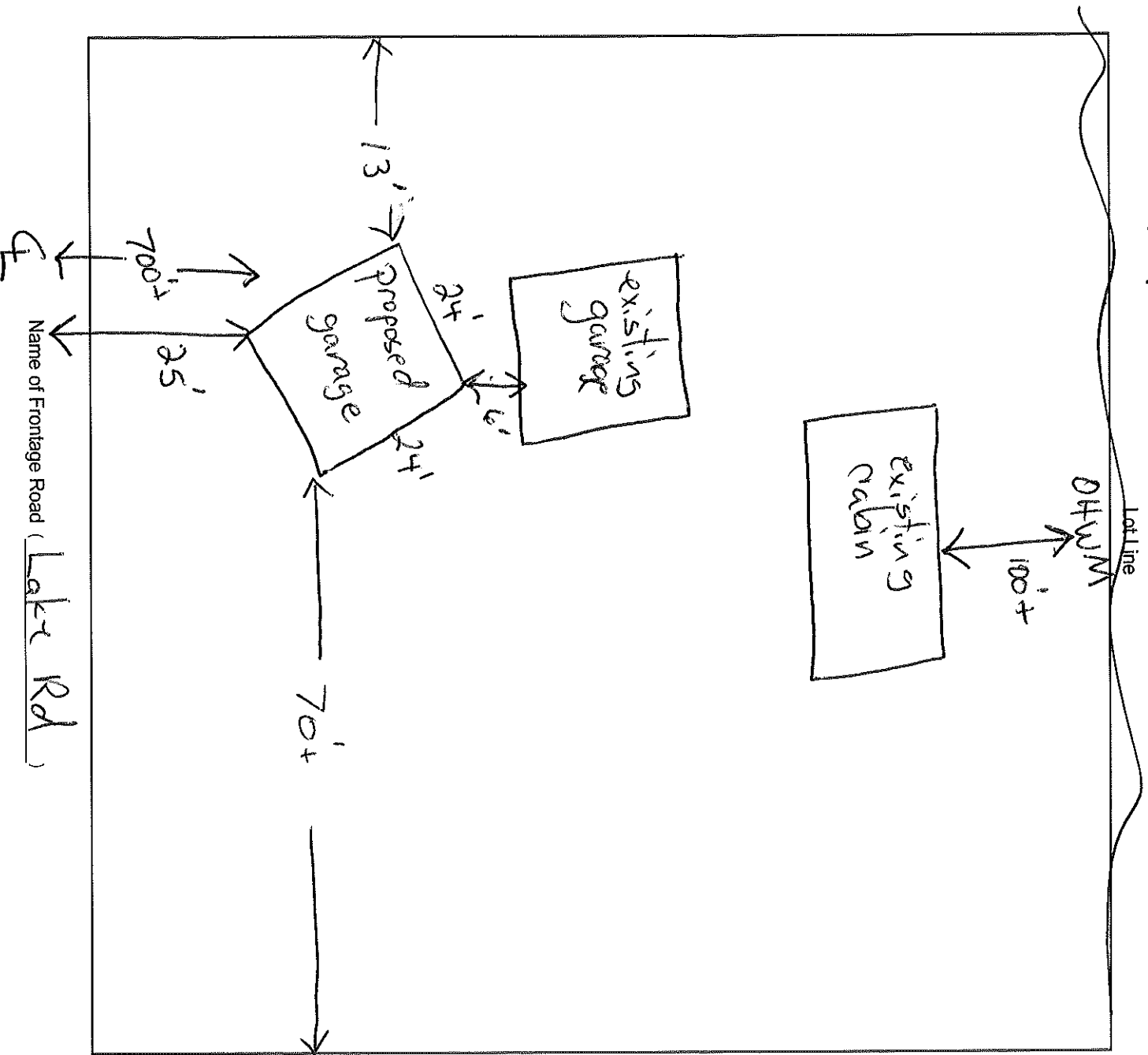
APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 5/7/08 Permit Number 08-0109 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Mutsall setbacks. Sub-standard lot
Issued to 004-1083-04990 By M. Futek Date of Inspection 5-6-08
Dana 004-1083-08
 Mitigation Plan Required: Yes No
 Condition: Not to be used for human habitation. Variance (B.O.A.) # _____
 Signed Michael Futek 5-7-08
 Inspector _____ Date of Approval _____
5/7- Mike need san. info

MAY 07 2008

Secretarial Staff

Middle Eau Claire Lake



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 - f. Septic tank to well
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