

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
 MAY 07 2008
 Bayfield Co. Zoning Dept.

Application No.: 08-0150
 Date: _____
 Zoning District: R-1 Class 3
 Amount Paid: \$75.00
205
5/7/08

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 garage
 Legal Description: 18 1/4 of Section 45 Township 9 North, Range 9 West, Town of BARNES
 Gov't Lot 6 Lot 6 Block _____ Subdivision Gr 2 Addition to Section 18 SSM # _____ Acreage 1.28
 Volume .975 Page 508 of Deeds (Olson) Parcel I.D. # C400424509131001540000 Use Tax Statement for Legal Description
 Property Owner David & Angel Olson Contractor _____ (Phone) _____
 Address of Property 55740 Peach Ct Plumber _____
Barnes, WI 54873 Authorized Agent _____ (Phone) _____
 Telephone 715 392-1830 (Home) 715/31710774 (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 7,000 Square Footage 672 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. _____ 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 storage
- 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) David Victor Olson Date 05/06/2008
 Address to send permit 6540 E CLARA BARTON RD SOUTH RANGE WI 54874 ATACH Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back

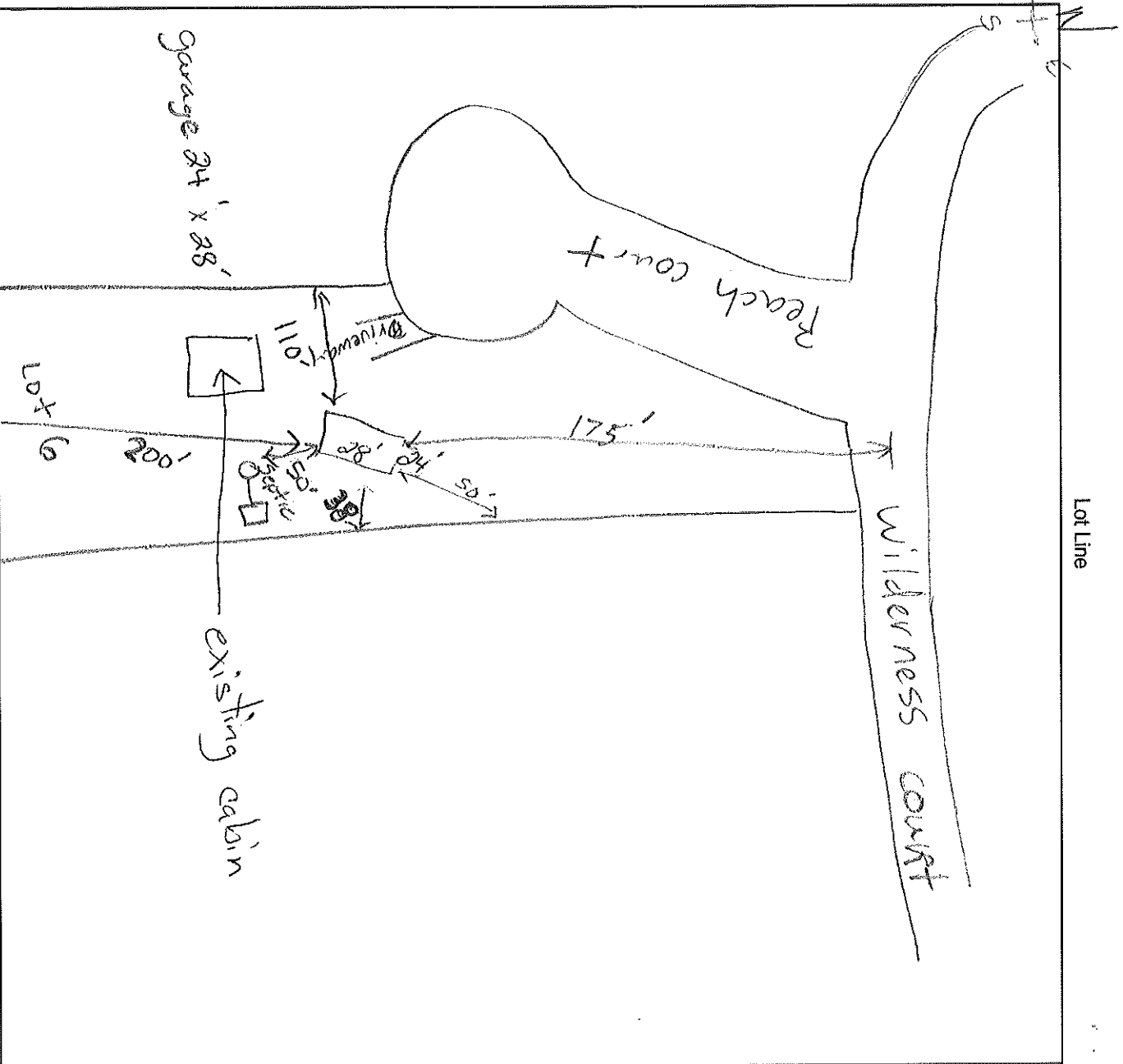
APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 5/20/08 Permit Number 08-0150 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well checked. Meets all setbacks Property lines per owner's representations. By M. Futek Date of Inspection 5-13-08 Variance (B.O.A.) # _____
 Mitigation Plan Required: Yes No
 Condition: Not to be used for human habitation. All demolition material from building being torn down must be taken to an approved landfill.
 Signed Michael Futek 5-14-08 Date of Approval _____
 Inspector

RECORDED & INDEXED

MAY 7 3 09 PM '08

Secretarial Staff



Ole Lake Wilderness Ct
 Name of Frontage Road (Wilderness Ct)

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, ^{if} 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.