

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
 JUL 24 2008
 Bayfield Co. Zoning Dept.

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 1/4 of 44-of-Section 19 Township 45 North, Range 9 West, Town of BARNES

Gov't Lot 4 Lot Block Subdivision CSM # 9 Acreage .9

Volume 493 Page 68 of Deeds Parcel I.D. 004-1170-08

Property Owner Rick M + Glenda L Mattila Contractor Bids Are Pending (Phone)

Address of Property 1910 CLARK Rd Plumber

BARNES WI 54873 Authorized Agent (Phone)

Telephone 715-795-3963 (Home) 715-398-8329 (Work)

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New Addition Existing 780 sq ft

Fair Market Value \$20,000 Square Footage 720' x 60'

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. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) enlarge Br+LV.

Residential Accessory Building (explain) extend roof line

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Rick M Mattila Date 7-21-08

Address to send permit 1910 CLARK Rd BARNES WI 54873 ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number 126741 Date 9-14-89

Date 8-1-08 Permit Number 08-0383 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Michael Futch's Well Staked Property Lines per owner's representations. By M. Futch Date of inspection 7-29-08

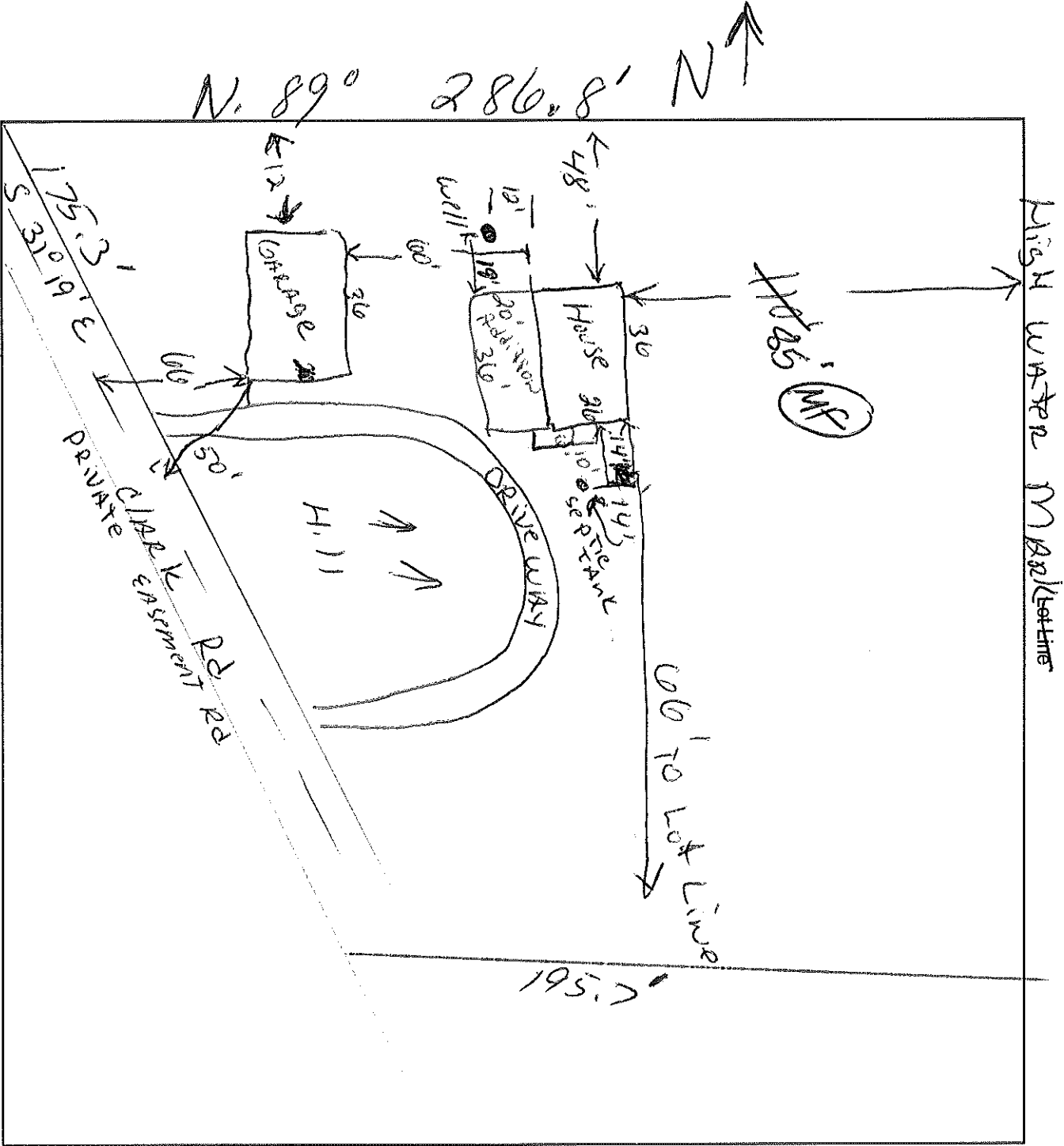
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed Michael Futch Inspector Date of Approval 7-30-08

Rec'd for Issuance

Sand bar Lake



Name of Frontage Road (_____)

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.

BAYFIELD COUNTY

SANITARY PERMIT (#04)-08-111S

STATE SANITARY PERMIT

OWNER: KENNY REV TRUST AGREEMENT

GOV'T LOT: LOT: BLK: 0

CSM:

SUBDIVISION:

NW 1/4 SW 1/4 SEC: 34, T 51 N, R 7 W

TOWNSHIP: CLOVER

SOIL TEST: 119-08

REPLACEMENT SYSTEM

SYSTEM TYPE: Holding Tank

PLUMBER: DENNIS BACHAND

CECE TESKY

Authorized Issuing Officer

DATE: 8/6/2008

CHAPTER 145.135(2) WISCONSIN STATUTES

- a. The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
- b. The approval of the sanitary permit is based on regulations in force on the date of approval.
- c. The sanitary permit is valid and may be renewed for specified period.
- d. Changed regulations will not impair the validity of a sanitary permit.
- e. Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
- f. The sanitary permit is transferable.

History: 1977 c. 168; 1979 c. 34,221; 1981 c. 314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

PREVIOUS PERMIT #:

LICENSE: # 221446

Condition: SUBJECT TO CONDTIIONS ON APPROVAL LETTER

THIS PERMIT EXPIRES 8/6/2010

POST IN PLAIN VIEW

MUST BE VISIBLE FROM ROAD FRONTING THE LOT DURING CONSTRUCTION