

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
SEP 17 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

Legal Description H 1/4 of Section 44 Township Lyndale Bay Reg North, Range 9 West, Town of Barnes

Gov't Lot 4 Lot 1 Block 1 Subdivision Lyndale Bay Reg Acreage 4

Volume 843 Page 718 of Deeds Parcel I.D. # 64-004-2-44-09-11-2-Use Tax Statement for Legal Description

Property Owner Debra Ann Remmel (Dean Tamara Remmel) Contractor 05-004-03000 (Phone) _____

Address of Property Barnes Wj 54873 Plumber _____ Authorized Agent _____ (Phone) _____

Telephone 218-829-8896 (Home) 829-5380 (Work) _____ Written Authorization Attached: Yes No

218-340-1057 cell 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 2

Estimated Cost of Construction _____ Square Footage 2000 Sanitary: New Existing Privy _____ City _____

USE:

- * Residence or Principal Structure (# of bedrooms) 3
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. 2000 Porch sq. ft. 100
- 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) _____
- Special/Conditional Use (explain) short-term rental
- 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) Adam Remmel Date 9/13/08
6151 Paris Rd Baxter Wj 56425

Address to send permit 6151 Paris Rd Baxter Wj 56425 ATACH
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 _____ Date _____

Date 10/29/08 Permit Number 08-0599 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Fire pit must be relocated from Buffer Zone. Need "No Mow Zone". By M. Furtak Date of Inspection 9-30-08

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

Condition: _____

Signed Michael Furtak Inspector 10-1-08
Rec'd for issuance

Structure is existing.

OCT 29 2008

Secretarial Staff

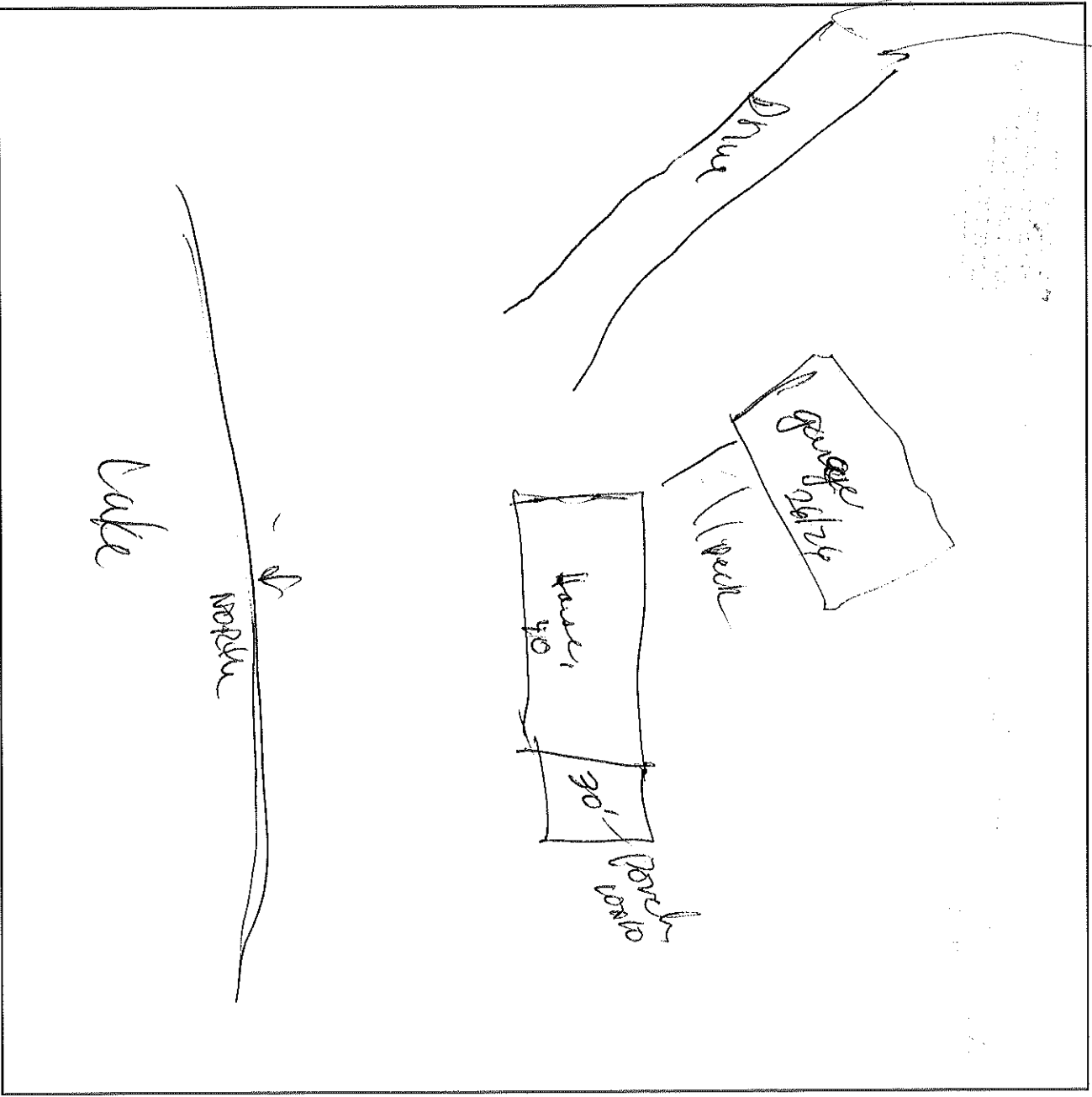
\$175

ENTERED

Application No.: 08-0599
Date: _____
Zoning District R-1, Class 1
Amount Paid: _____

Hyndland Bay Rd

Lot Line



Name of Frontage Road *Hyndland 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.

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 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 SEP 26 2008
 Bayfield Co. Zoning Dept.

ENTERED

Application No.: 08-0598
 Date: _____
 Zoning District: R1, R3, C1, GSS1
 Amount Paid: \$175.00 (205)
9/26/08

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 _____
 Legal Description: _____ 1/4 of Section 9 Township 44 North, Range 9 West, Town of Barnes
 Gov't Lot 5 Lot 1 Block _____ Subdivision East Claire Lake Park CSM # _____ Acreage 2.84
 Volume 855 Page 804 of Deeds Parcel I.D. # 04-004-2-44-09-09-1 00172-14060 Use Tax Statement for Legal Description _____
 Property Owner Prof. T. Shaugplan Quality Tape Inc Contractor _____ (Phone) _____
 Address of Property 50795 Peninsula Rd Plumber _____
Barnes WI 54873 Authorized Agent _____ (Phone) _____

Telephone 715 386 2814 (Home) 715 386 1706 (Work)
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition _____ Existing _____ Square Footage _____
 Estimated Cost of Construction _____ 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) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) _____
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) _____
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - Commercial Other (explain) _____
 - Special/Conditional Use (explain) short-term rents
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (explain) _____

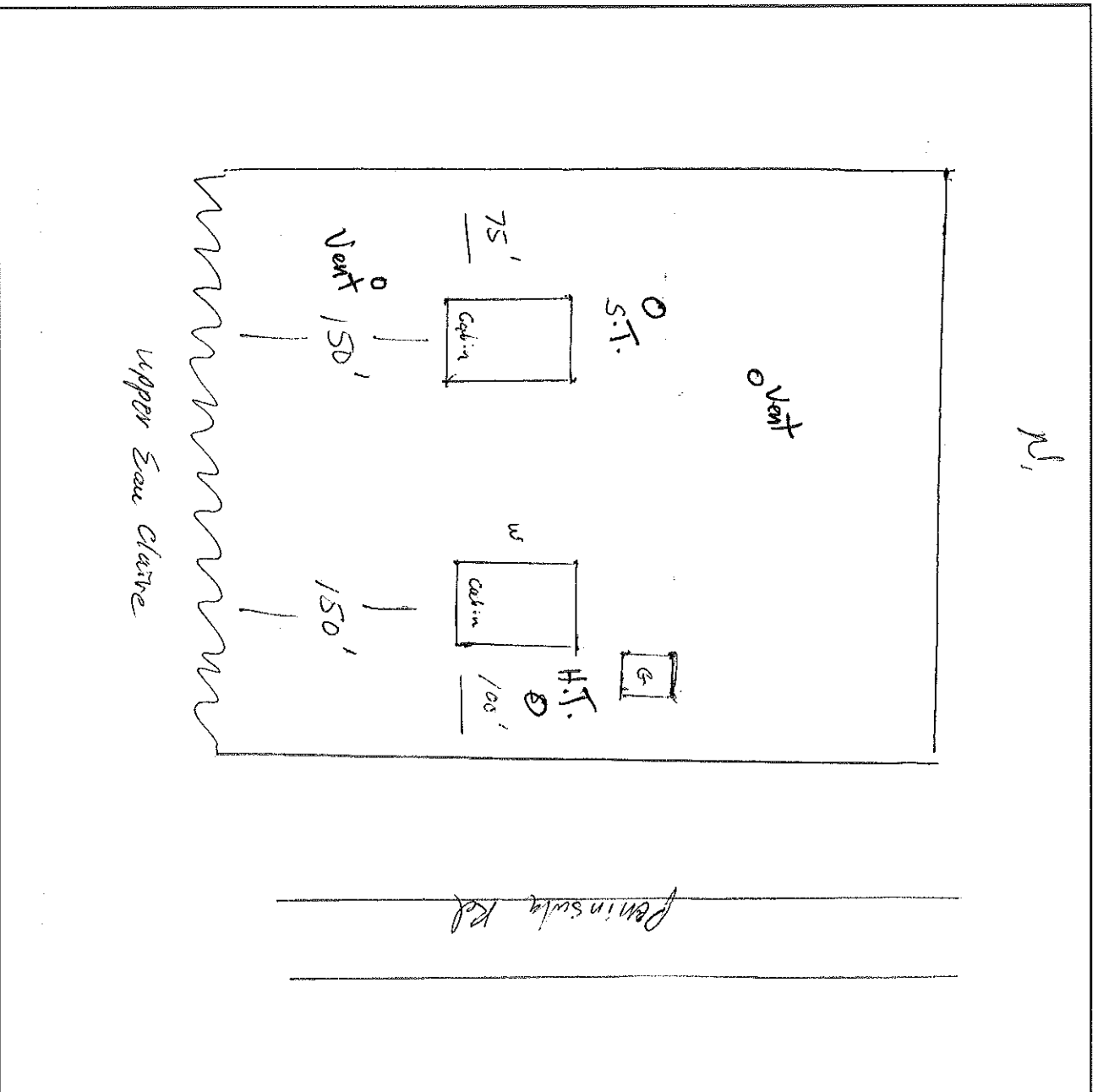
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Owner or Authorized Agent (Signature) [Signature] Date 9-23-08
 Address to send permit Quality Tape Box 765 So. St. Paul MN 55075 ATTACH _____
 * See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 10/29/08 Permit Number 08-0598 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structures are existing. By M. Furtak Date of Inspection 9-29-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Michael Furtak 9-30-08
 Inspector _____ Date of Issuance _____
 OCT 29 2008

Lot Line



Name of Frontage Road (Peninsula 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

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**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

REGULATIVE
 AUG 11 2008
 Bayfield Co. Zoning Dept.

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\$250

ENTERED

Application No: 08-0606
 Date: 8-1
 Zoning District: RRB, Class 1
 Amount Paid: _____

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
 Legal Description 1/4 of _____ 1/4 of Section 16 Township 44 North, Range 9 West, Town of Barnes
 Gov't Lot 4 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 21.28

Volume 850 Page 695 of Deeds Parcel I.D. # 004-1111-03
 Use Tax Statement for Legal Description

Property Owner Jeff & Maureen Fullington Contractor self (Phone) _____
 Address of Property 3225 DEER GROVE ROAD BARNES, WI 54873
 Authorized Agent _____ (Phone) _____

Telephone 715-795-2526 (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
 Basement: Yes _____ No Number of Stories _____
 Estimated Cost of Construction _____ Square Footage _____ Sanitary: New _____ Existing Privy _____ City _____

- USE:**
- * Residence or Principal Structure (# of bedrooms) _____
 - Residence sq. ft. _____
 - * Residence w/deck-porch (# of bedrooms) _____
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 - 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) _____
 - 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) Small engine repair Home-based business
 - External Improvements to Principal Building (explain) _____
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Owner or Authorized Agent (Signature) Jeff Fullington Date 8-8-08
 Address to send permit 3225 DEER GROVE RD, BARNES, WI 54873 ATTACH
 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 10/31/08 Permit Number 08-0606 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure is existing.
 By M. Futch Date of Inspection 8-19-08 Variance (B.O.A.) # _____
 Mitigation Plan Required: Yes No
 Condition: see ZC decision and affidavit

Signed Michael Futch Date of Approval 8-20-08
 Inspector Michael Futch Rec'd for Issuance _____

RECEIVED

AUG 31 2008

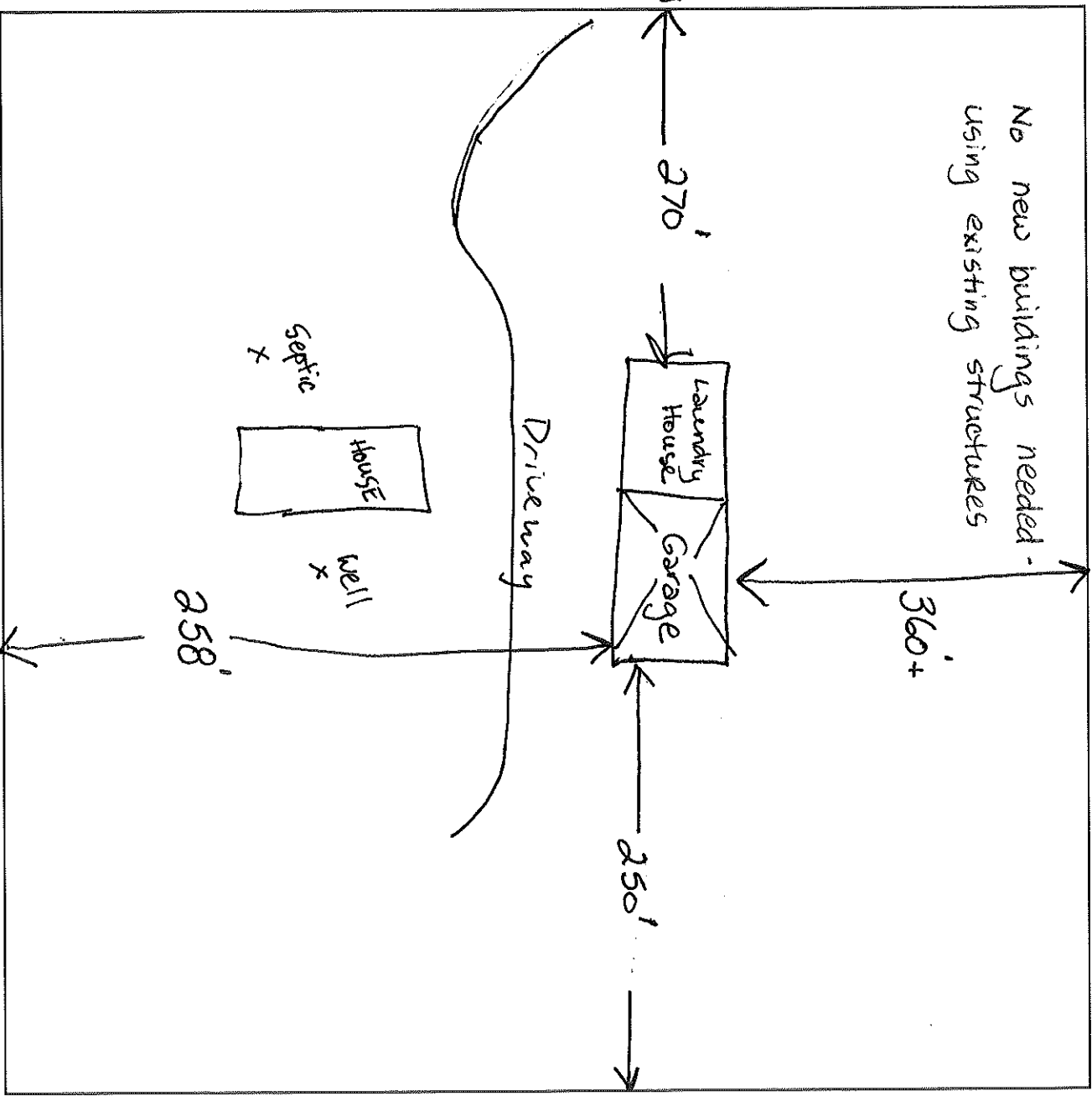
Secretarial Staff

OHWM - River

Lot Line

No new buildings needed -
using existing structures

Deer Grove Rd



OHWM
Upper Eau Claire Lake

Name of Frontage Road (_____)

Lot line

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
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