

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
 NOV 10 2008
 Bayfield Co. Zoning Dept.

Application No.: 08-0629
 Date: _____
 Zoning District: R-2, Class 2
 Amount Paid: \$75.00 PDS
11/10/08

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 _____

Use Tax Statement for Legal Description

Legal Description SW 1/4 of NW 1/4 of Section 3 Township 44 North, Range 9 West, Town of BARNES
 Gov't Lot 6 Block _____ Subdivision _____ CSM # _____ Acreage 13.15
 Volume 723 Page 17 of Deeds Parcel I.D. 004-1048-09

Property Owner JAMES C. AUSTIN SR + BETTY A. AUSTIN Contractor JOHN KRAMP CONSULTING (Phone) 715-634-5041
 Address of Property 4190 WALLMAN RD Plumber _____
BARNES, WI 54873

Telephone 815-874-2085 (Home) _____ (Work) _____
 Authorized Agent _____ (Phone) _____

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
 Fair Market Value 14000. Square Footage 576
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System SI PDS
 Mobile Home (manufactured date) _____

- * 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) _____

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) James C. Austin Sr. + Betty A. Austin Date 11/5/2008
 Address to send permit 8691 SURELY RD, CHEEY VALLEY, IL 61016-9665 ATTACH _____
 Copy of Tax Statement or _____
 (If you recently purchased the property Attach a Copy of Recorded Deed)

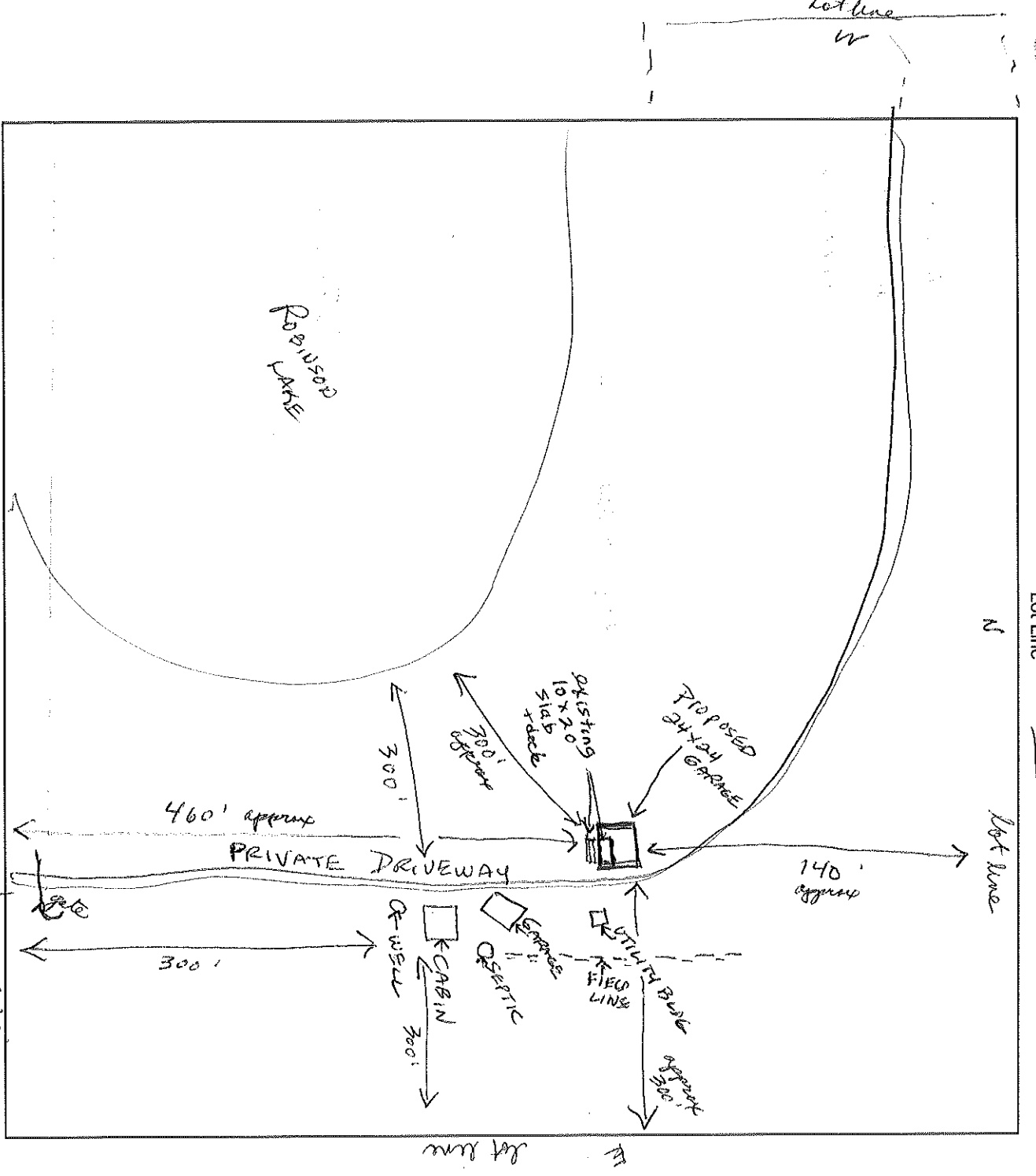
* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Date _____ Permit Number _____ Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Meets all setbacks. Property lines previous representations By M. Fuchak Date of Inspection 11-18-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Not to be used for human habitation.

Signed Michael Fuchak 11-19-08
 Inspector _____
 Date of Approval _____
 Issued for _____
 NOV 21 2008

Secretarial Staff
 Rec'd



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. 24' x 24'
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage. Existing deck 8' x 20'
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. ROBINSON LK
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.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
OCT 28 2008
Bayfield Co. Zoning Dept.

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\$450 + \$175 = \$625

ENTERED

Application No.: 08-0630
Date: C, Fl
Zoning District: C, Fl
Amount Paid: \$625.00
11/06/08

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
Legal Description SW 1/4 of SW 1/4 of Section 27 Township 45 North, Range 9 West. Town of Barnes
Gov't Lot Lot 5 Block Subdivision Unofficial Plat CSM # Acreage 36.70
Volume 457 Page 448 of Deeds Parcel I.D. # 004-1196-04 Use Tax Statement for Legal Description
Property Owner Sharon Hough Contractor self (Phone)
Address of Property XXX City Hwy N Plumber Jim Clements
Barnes, WI 54873 Authorized Agent (Phone)

Telephone 795-2319 (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 1
Estimated Cost of Construction \$150,000 Square Footage 2296 Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms) Mobile Home (manufactured date) Commercial Principal Building Commercial Principal Building Addition (explain) Commercial Accessory Building (explain) Commercial Accessory Building Addition (explain) Commercial Other (explain) Residential Addition / Alteration (explain) Residential Accessory Building (explain) Residential Accessory Building Addition (explain) Residential Other (explain) Residential Addition / Alteration (explain) Residential Accessory Building (explain) Residential Accessory Building Addition (explain) Residential Other (explain)

Residence sq. ft. 2296 # of bedrooms 3
Porch sq. ft. 64 #
Deck(2) sq. ft. 204 #
Residence w/attached garage (# of bedrooms) 0
Garage sq. ft. 0

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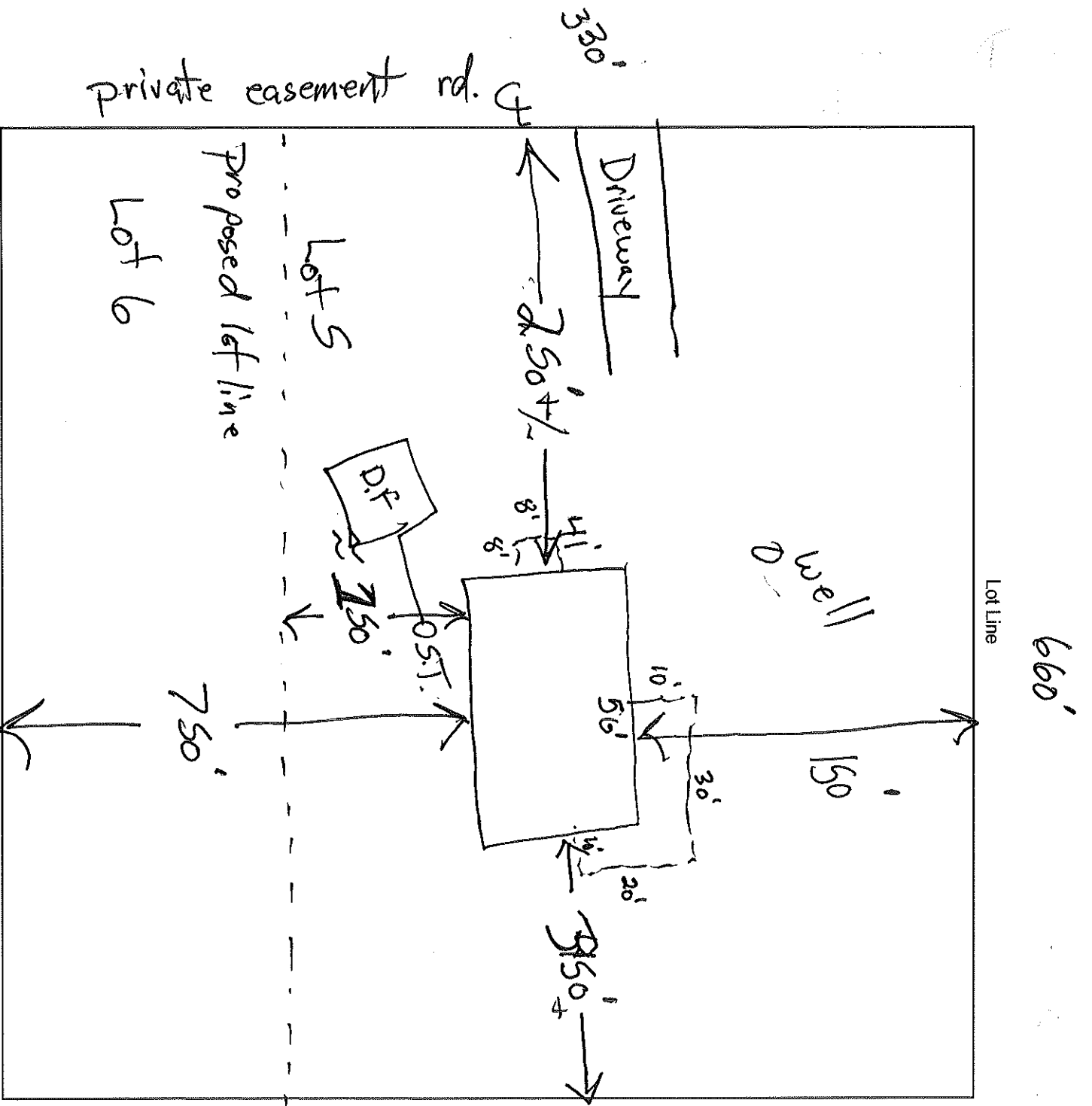
Owner or Authorized Agent (Signature) x Sharon Hough Date 10-28-08
Address to send permit 4170 City Hwy N, Barnes, WI 54873
ATTACH
Copy of Tax Statement
If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 191-08 Date 11/08/08
Date 11/21/08 Permit Number 08-0630 Permit Denied (Date)
Reason for Denial:
Inspection Record: Well staked. Meets all setbacks. Property lines per owner representations. By M. Fustek Date of Inspection 11-4-08
Mitigation Plan Required: Yes No Variance (B.O.A.) #
Condition:

Signed Michael Fustek Inspector Date of Approval 11-5-08
Rec'd for Issuance
NOV 27 2008



Name of Frontage Road (Hotel lot line Lot 8)

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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