

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
 OCT 02 2008
 Bayfield County 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.

\$135

ENTERED

Application No.: 08-0632
 Date: _____
 Zoning District: R-1, Class 3
 Amount Paid: \$135.00 CAD
10/2-08

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
 Gov't Lot 4 Lot 4 Block _____
 Volume 901 Page 726 of Deeds Parcel I.D. # 004-1246-04 Use Tax Statement for Legal Description
 Property Owner Gary Flore (Gareth)/Patricia for Mark Solavi (Phone) 795-2664
 Address of Property 55245 Porcupine Trail Plumber
Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 795-2899 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New _____ Addition Existing _____
 Estimated Cost of Construction \$45,000 Square Footage 324 Sanitary: New _____ Existing Privy _____ City _____
 USE: 18' x 18' = 324
 * 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) enlarge l.r. + bedroom
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes No Number of Stories 1
 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 OF 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.

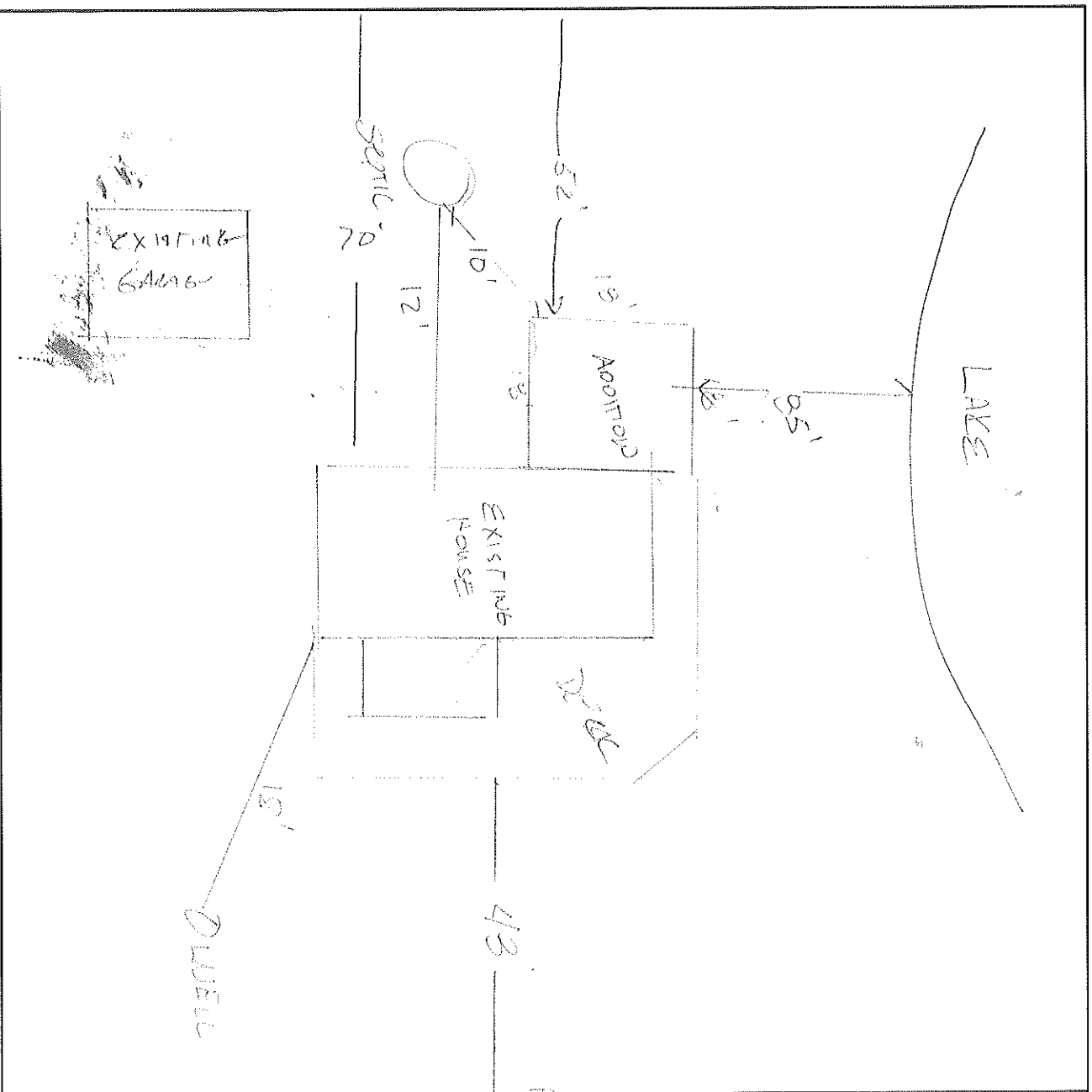
Owner or Authorized Agent (Signature) Mark Solavi Date 9-30-08
 Address to send permit Mark Solavi, 11589 S. City Rd. Y, Solon Springs ATACH
WI 54873 Copy of Tax Statement
 * See Notice on Back Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: State Sanitary Number 137151 Date 6-1-90
 Date 11/26/08 Permit Number 08-0632 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets requirements of 13-1-40(c) (4) d.

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: Expansion may not further encroach on shoreline set back. Must maintain buffer per Lobermeier letter of 10-23-08
47 POINTS OF MITIGATION EXIST AS OF 10/15/08
 Signed Michael Funtak Inspector Date of Approval 10-15-08
 Date of Inspection 10-14-08 Variance (B.O.A.) # _____
 NOV 25 2008
 Secretarial Staff

Butch Lobermeier Bay. Co. Land Conservation Dept 373-6167

Lot Line



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 - (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.