

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

B R E F I V E
 AUG 13 2009
 Bayfield Co. Zoning Dept.

Application No.: 09-0361 **ENTERED**
 Date: _____
 Zoning District: C/NA
 Amount Paid: \$125 8/14/09
mg

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 NW 1/4 of SW 1/4 of Section 15 Township 50 North, Range 04 West, Town of BAYFIELD

Gov't Lot _____ Lot 444 Block _____ Subdivision 15
08-006-2-50-01-15 CSM # 302-60-2000 Acreage 2.74
 Volume 354 Page 239 of Deeds Parcel I.D. _____
646

Property Owner TOWN OF BAYFIELD Contractor TOWN OF BAYFIELD Phone (715) 779-5671
 Address of Property 85450 CTH J Plumber _____
BAYFIELD, WI 54814

Telephone _____ (Home) (715) 779-5671 (Work) _____
 Authorized Agent _____ (Phone) _____

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 _____
 Fair Market Value 350 Square Footage 42
 USE: _____
 Basement: Yes _____ No Number of Stories _____
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System Holding Tank

- * 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) EXT SHEP ROOF
- 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

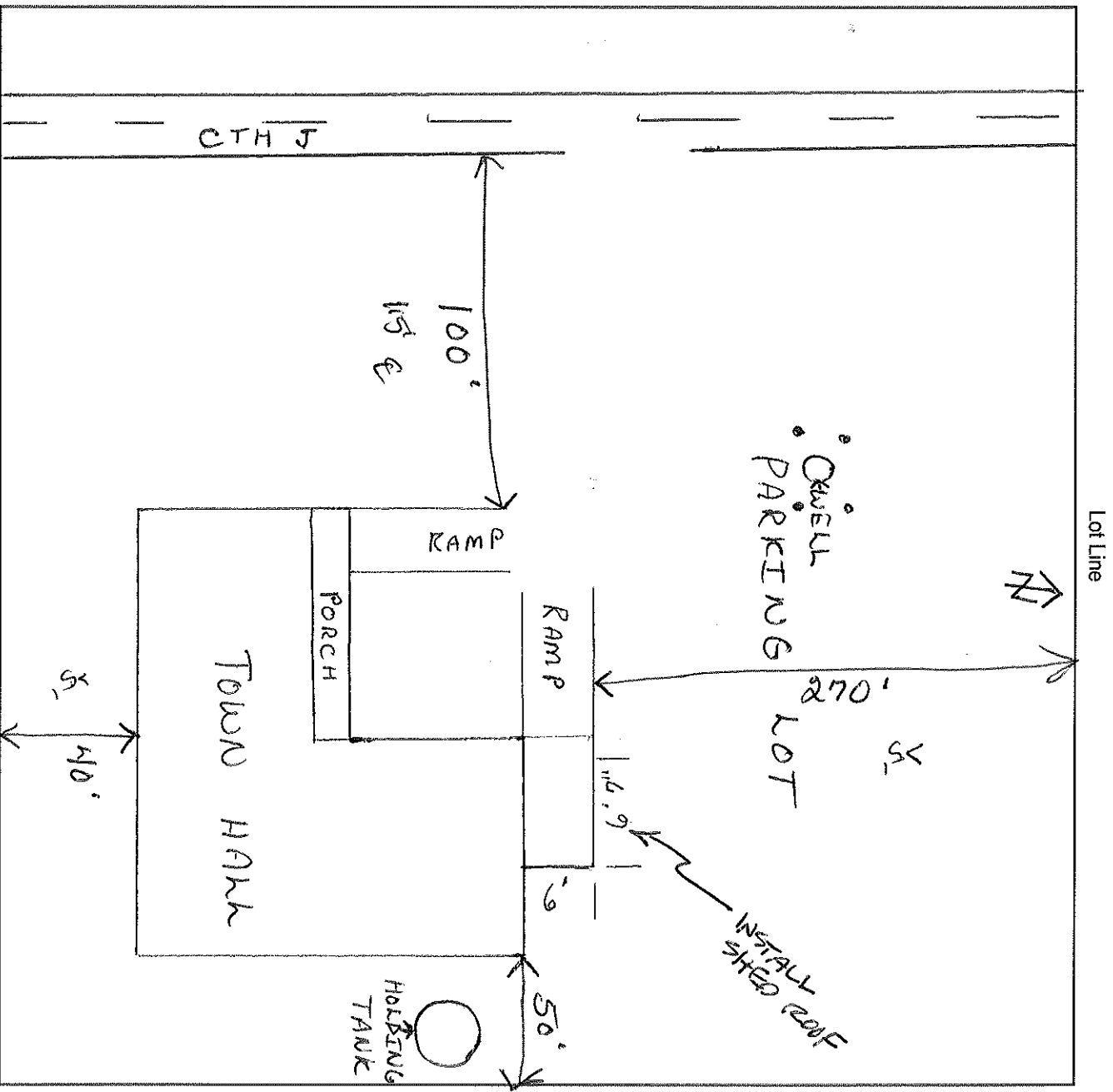
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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) Thomaz & Gordon Date 8-4-09

Address to send permit TOWN OF BAYFIELD, 85450 CTH J, BAYFIELD WI 54814 ATTACH

* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE
 Copy of Tax Statement or
 (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit issued: _____ State Sanitary Number _____ Date _____
 Date 8/25/09 Permit Number 09-0361 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURE SINKS/CONDITIONS AS WARRANTED BY TOWN APPEARS TO BE
CODE COMPLIANT & PERMIT MAY BE ISSUED Date of Inspection 8-28-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector
 Date of Approval 8-28-09
Rec'd for Issuance
 AUG 25 2009
 Secretarial Staff



Name of Frontage Road (CTH J)

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.