

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
 AUG 31 2009
 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.

ENTERED
 Application No. 09-0440
 Date: _____
 Zoning District F-1
 Amount Paid: 250 - 8/31/09
TBA 175 -
dark

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER TBA
 Legal Description W 1/4 of Section 17 Township 51 North, Range 5 West, Town of Bayfield
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
 Volume 905 Page 13 of Deeds Parcel I.D. # 990/04-006-2-51-05-17-304-000-20000
 Property Owner Jerry E and Sarah S Bowker Contractor Jim Steffenson (Phone) 762 209-1852
 Address of Property 26140 Newikere Bay Rd. Plumber Rasmussen & Sons 715.798-3355

Telephone 715 209-7594 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Estimated Cost of Construction \$ 100,000 Square Footage 1572
 USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) 1
 Residence sq. ft. 1415 Porch sq. ft. 109
 Deck sq. ft. 48 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) _____

* External Improvements to Principal Building (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) _____
 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) Ann & Bowker, Jerry Bowker Date August 23, 2009
PO Box 218, Carnucepia, WI 54927 ATTACH
 Address to send permit _____ Copy of Tax Statement
 * See Notice on Back if you previously purchased the property Attach a Copy of Recorded Deed

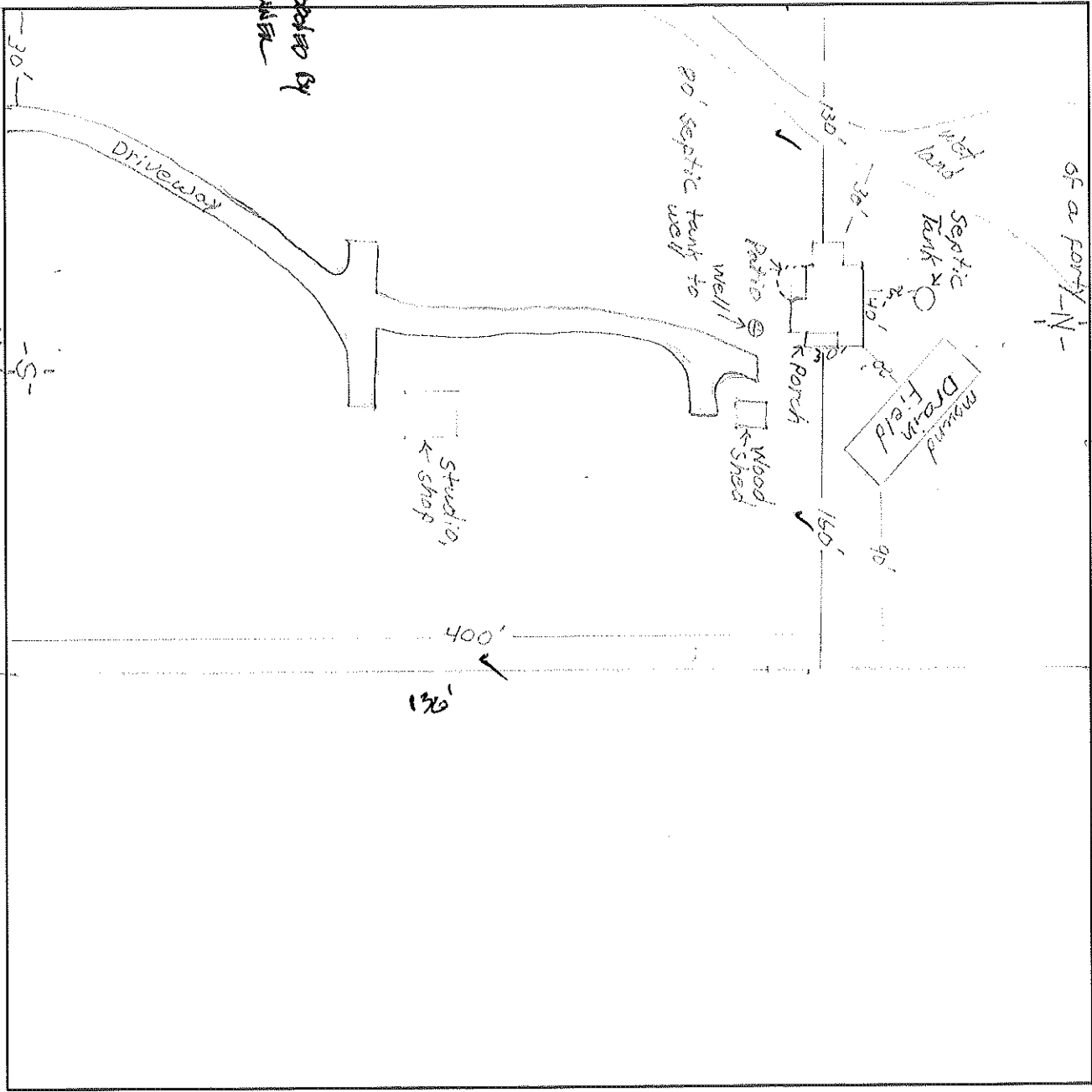
APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 09-1095 Date 9/13/09
 Date 9/24/09 Permit Number 09-0440 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: SPURIOUS SCHEDULES/CONDITIONS AS REPRESENTED BY CANCEL - APPEALS TO BE CODE COMPLIANT P.L.U. PERMIT MAY BE ISSUED PENDING ORDINANCE. Date of Inspection 9-3-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition A VARIANCE OBTAINING CODE (NOC) RESULT FROM THE WORKING CONTRACTED NOC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.
Cancel (insert at inspection)
BUY SITE AREA REINTEGRATED AT WORKER'S EXPENSE
 TBA required

Signed [Signature] Date of Approval 9-3-09
 Inspector _____
 Rec'd for Issuance _____
 SEP 23 2009 SEP 9 2009
 Secretarial Staff TBA Secretarial Staff TBA



Lot continues the length Lot Line
of a party N-



✓ = Note - Measurements AREAS to be Accurate
✓ vicinity verified. Name of Frontage Road (Mauikua Bay)

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8" = 10'

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

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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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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.