

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
 JUL 22 2010

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.

Application No. 10-0315
 Date: 8-11-10
 Zoning District 4-4-
 Amount Paid: \$75 7/26/10 MJ

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Legal Description NW 1/4 of SW 1/4 of Section 1 Township 50 North, Range 4 West, Town of BAYFIELD

Gov't Lot 1 Lot 1 Block Subdivision CSM # 1665 Acreage 4.5
 Volume 10 Page 11 of Deeds Parcel I.D. # 04-006-2-50-01-02-4 04-000-21000 Use Tax Statement for Legal Description

Property Owner WAYNE NELSON Contractor WAYNE NELSON (Phone) 715-779-5031
 Address of Property 87260 EAGLE BLUFF Plumber
BAYFIELD, WI 54814 Authorized Agent (Phone) _____

Telephone 715-779-5031 (Home) 715-209-0993 (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 2

Estimated Cost of Construction \$18,225 Square Footage 365 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) Extending roof enclosure
- 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) _____
- 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) Wayne Nelson Date 7/21/2010
 Address to send permit P.O. Box 182, Bayfield, WI 54814 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: State Sanitary Number _____ Date _____
 Date 8/10/10 Permit Number 10-0315 Permit Denied (Date) _____

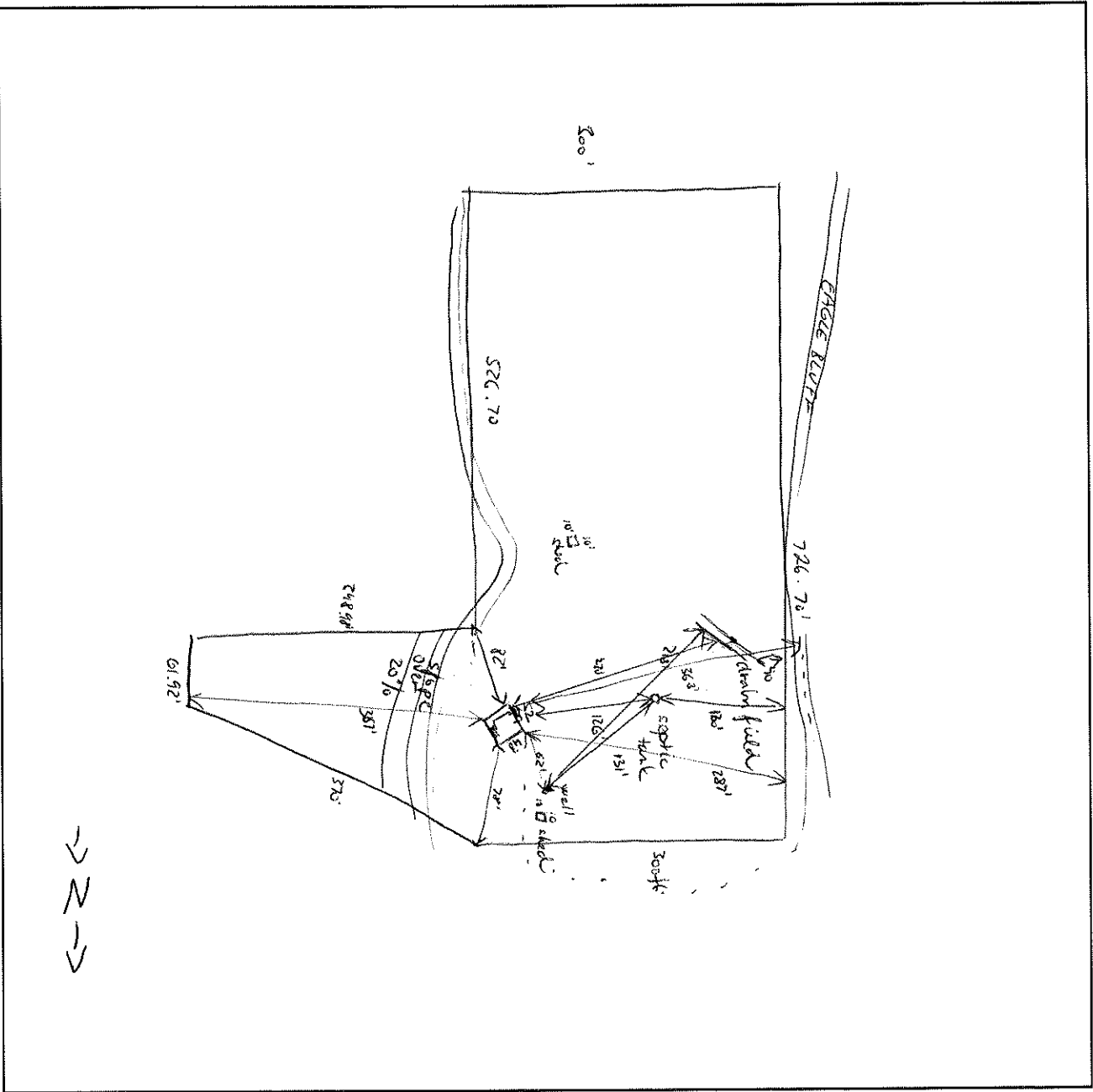
Reason for Denial: _____

Inspection Record: Groundwork/Excavation AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & O.V. PERMIT MAY BE ISSUED. By PLC Date of inspection 8-12-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed [Signature] Date of Approval 8-12-10
 Inspector _____

Wayne Nelson
Wayne Nelson
Wayne Nelson
Wayne Nelson

CSM # 1665 Rec'd for Issuance
 AUG 16 2010
 2 SEPARATE PERMITS
 04-1



Name of Frontage Road (Eagle Bluff)

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. N/A
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 N/A
 - 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 N/A
 - h. Privy to closest lot line N/A
 - i. Privy to building N/A
 - j. Privy to lake, river, stream or pond N/A
 - 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. N/A
 - 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.