

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**

10/4/10

1
 3
 RECEIVED

Application No.: 10-0444
 Date: _____
 Zoning District: F-1/CLASS 3
 Amount Paid: 250
TBA 1715-10-4-10

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 NW 1/4 of Section 30 Township 51 North, Range 5 West, Town of Bayfield
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____
 Volume 984 Page 569 of Deeds Parcel I.D. 04-006-2-51-05-30-2-02-000-10000
 Property Owner Nyasha Spears - Orion Co-ops
 Address of Property Bayfield WI 54814

Telephone 715-682-4132 (Home) _____ (Work) _____
 Authorized Agent _____ (Phone) _____
 Plumber N/A

Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Fair Market Value 85,000.00 Square Footage 1034
 USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) 2
 Residence sq. ft. 704 Porch sq. ft. 170
 Deck sq. ft. 160 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) _____

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) [Signature] Date 10/2/10
 Address to send permit 301 Shoppie Ave. Ashland, WI 54806 ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed or Easements)

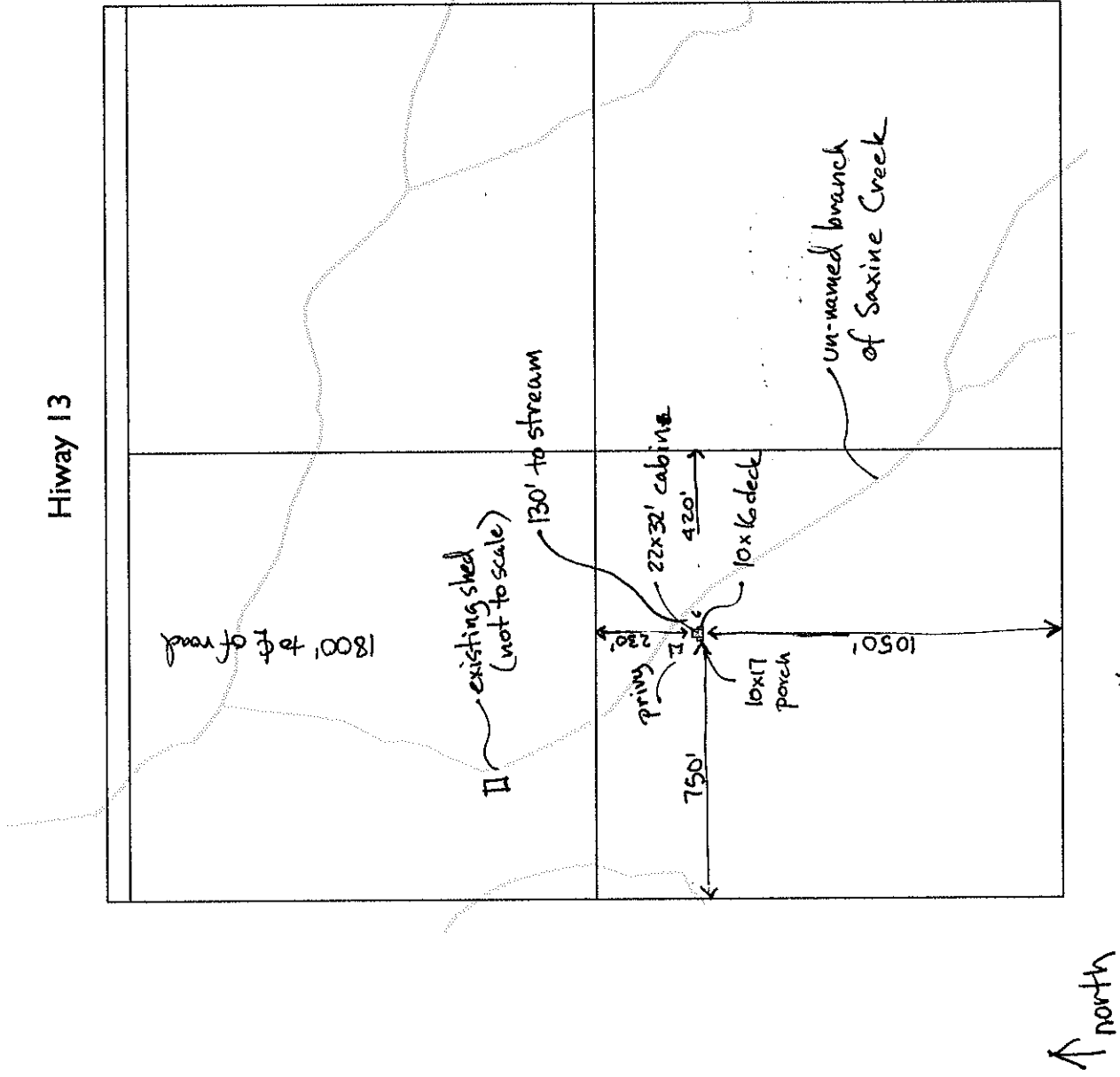
* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number Privy attached Date of Issuance Oct 27 2010
 Date _____ Permit Number _____ Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Groundwork/conditions as requested by owner appear to be code compliant
privy plans may be issued if additional Date of Inspection 10-7-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A UNKNOWN DRAINAGE COE. RESULT FROM THE BOILING GENERATED AND OBSERVED MOUND
MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION
NO FLOWING WATER MAY ENTER NOR MAY ANY EXCESSIVE FLOWERS BE INSTALLED UPON THE MOUND
UNTIL SUCH TIME THE STRUCTURE IS
SEALED BY AND A SUCCEEDING WATER TREATMENT STATION IS INSTALLED.
 Signed [Signature] Inspector _____ Date of Approval _____
 Co-110

* privy ap forthcoming / wants to do S.T. first per Deb. TEA

Privy to lot line $\pm 200'$
 Privy to bldg $\pm 40'$
 to stream $\pm 130'$



no well
 no holding tank
 no drain field

NOTE - PROPOSED BLDG SITE NOT SHOWN AT INSPECTION, BUT PER CLIENT IT WILL BE LOCATED IN A CLEARING EAST OF END OF ROAD ($\pm 250'$ TO STREAM)