

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
 MAY 24 2011

Bayfield Co. Zoning Dept.

LD 1250 TRBA 17500
 Application No.: 11-0193
 Date: 7-6-11
 Zoning District: F173
 Amount Paid: \$ 300.00 EOS
 5/25/11

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

Gov'l Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____
 Parcel I.D. 04-030-2-45-05-28-1 01-000-20000
 West Town of LINCOLN

Volume 1038 Page 711 of Deeds
 Property Owner Ned T. & Kathleen J. ZWELSDORFF
 Contractor SELF
 Address of Property N/A
 Plumber _____
 Authorized Agent _____ (Phone) _____

Telephone 715-798-5049 (Home) 715-634-5025 (Work)
 Written Authorization Attached: Yes No

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
 Fair Market Value \$ 10,000 Square Footage 320 440
 Sanitary: New _____ Existing _____ Privy City _____

USE: Residence or Principal Structure (# of bedrooms) _____
 Type of Septic/Sanitary System _____
 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) _____

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 delay 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 any field 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) _____ Date 4/30/2011
 Address to send permit 14795 N. RIVERVIEW RD., CABLE, WI, 54621
 Date 5-24-2011

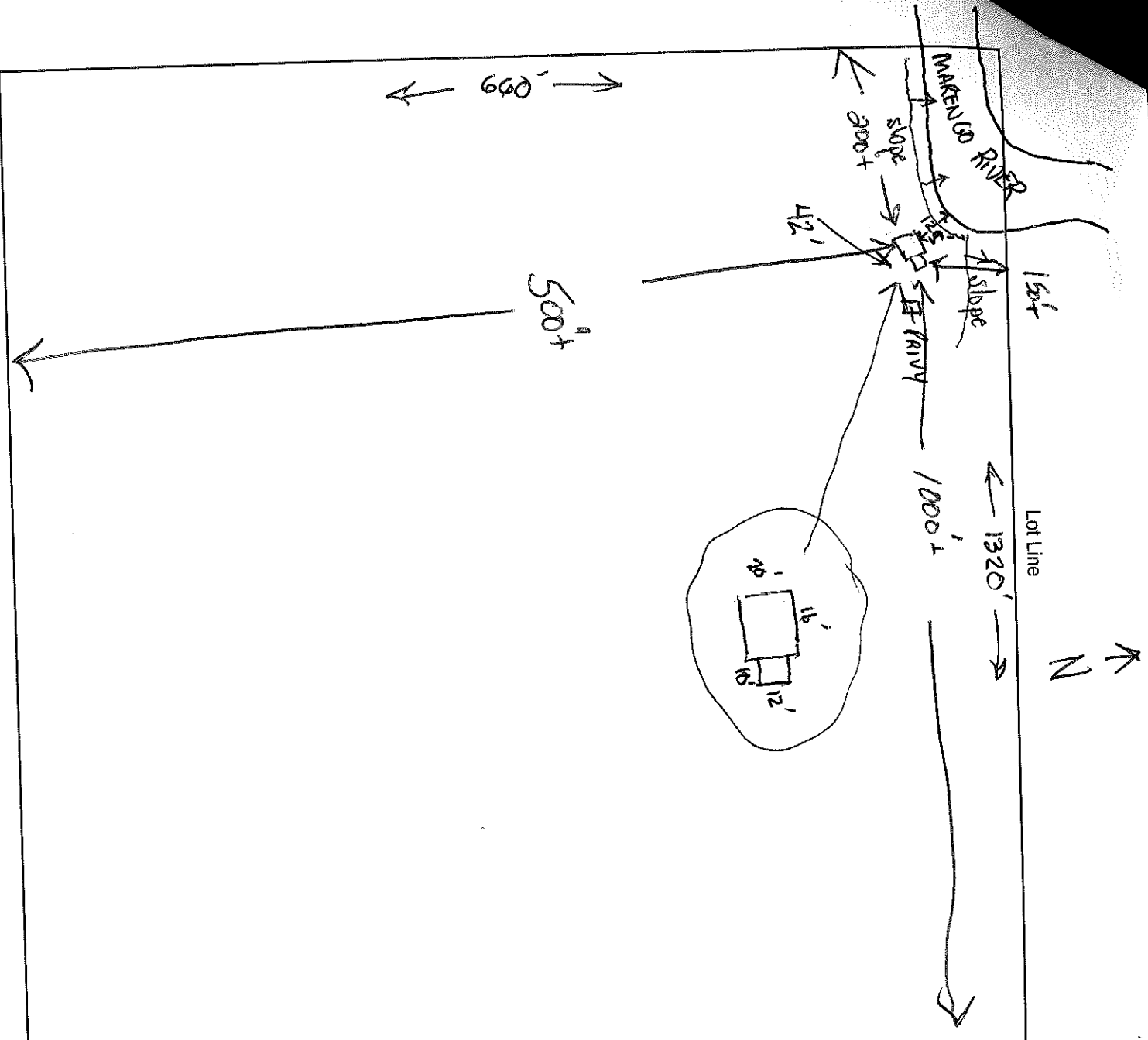
APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Copy of Tax Statement or ATTACH (if you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number Privy Date 7-6-11
 Permit Number 11-0193 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Michael attacks Property, Sanitary person's representatives
 By: M. Frickel Date of Inspection 6-7-11

Mitigation Plan Required: Yes No
 Condition: No water under pressure in structure.
 Variance (B.O.A.) # _____

Signed: Michael Frickel Date of Approval: 6-8-11
 Inspector: _____



Name of Frontage Road (E. Altamont)

E. ALTAMONT RD.

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. — None
4. Show the location of the well, holding tank, septic tank and drain field. — None
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.