

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
 JUL 18 2011
 Bayfield Co. Zoning Dept.

Application No.: 11-0330
 Date: 9/16/11
 Zoning District: R-1 Class 1
 Amount Paid: \$75.00 EDS
 7/18/11

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

Legal Description _____ 1/4 of _____ 1/4 of Section 10 Township 43 North, Range 6 West, Town of Nonesuch
 Gov't Lot 17 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 43 ≈ 197

Volume 781 Page 102 of 368 Parcel I.D. 01-031-2-43-06-10-305-0171000

Property Owner Susan L Bender Contractor Bill Alten (Phone) 715-794-2774
 Address of Property 44245 County Hwy D Plumber N/A
 Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 847-847-7081 (Home) 847-465-5500 (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
 Fair Market Value \$5,000 Square Footage 132 sq ft
 USE: Residential or Principal Structure (# of bedrooms) _____
 Type of Septic/Sanitary System Holding Tank

Residence sq. ft. _____
 Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. 550 Porch sq. ft. _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. 6' x 22' Garage sq. ft. _____
 Residential Addition / Alteration (explain) Extend Porch Roof
 Residential Accessory Building (explain) Over existing deck
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____
 External Improvements to Accessory Building (explain) _____
 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 OF 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) Susan L Bender Date 7/18/11
 Address to send permit 5 John Dr., Hawthorn Woods, IL 60017

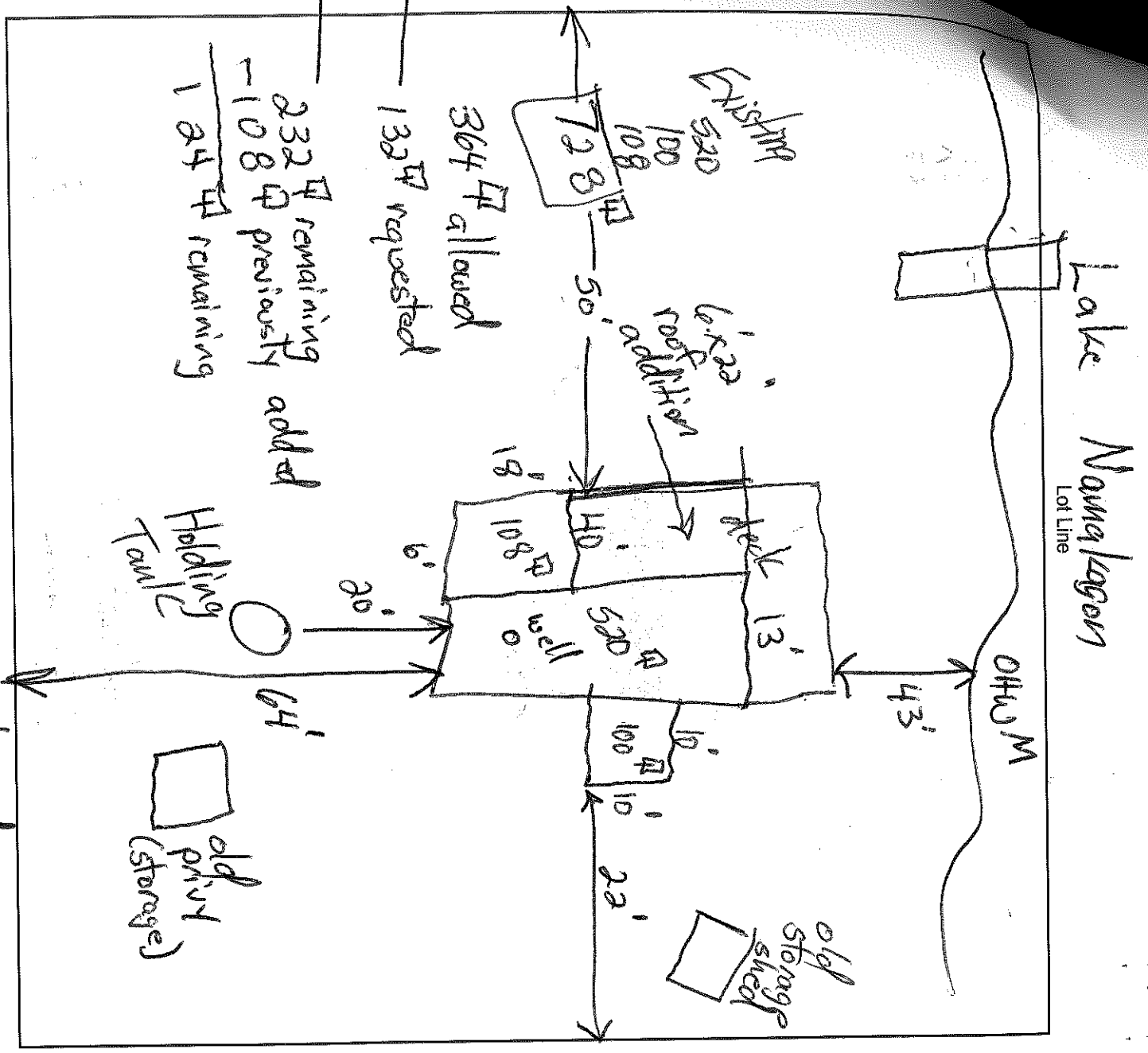
* See Notice on Back
 APPLICANT — PLEASE COMPLETE REVERSE SIDE
 ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 16555 Date 3-27-80
 Date 9/16/11 Permit Number 11-0330 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Sub = standard lot for record. Non-comforming structure > 600 sq ft by M. Fuchs
 Date of Inspection 7-28-11
 Mitigation Plan Required: Yes No Footprint partially done
 Condition: Must replace holding tank cover and add chains and a lock.
 Date of Approval 7-29-11

Record for Issuance AUG 1 2011
 Signed Michael Fuchs
 Inspector Sheela M. Mihalovich
 Date of Approval 7-29-11
 Secretary Staff
 SECRETARIAL STAFF
 AUG 19 2011
 AFFIDAVIT Required + Mitigation





Name of Frontage Road (Easement road)

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.