ENTERED 8/20/18

# APPLICATION FOR PERMIT

**Ashland County, Wisconsin 54806**

OFFICE USE
Application No. 7528
600169
Zoning Dist. U.D.

**INSTRUCTIONS:** Fill out this form as completely as possible. Use black or blue ink and print clearly. Submit completed application and fee to*: Zoning Administration, Courthouse, 201 W. Main St., Rm. 109, Ashland, WI 54806-1652.
No permits will be issued until all fees are paid. Checks are to be made payable to: Ashland County Zoning Administration.
*La Pointe applications are submitted to Town of La Pointe Zoning, 240 Big Bay RD, PO Box 270, La Pointe, WI 54850.

Check Permit(s) Applied For:
COUNTY BUILDING ( ) PRIVY/NON-PLUMBING ( ) PORTABLE RESTROOM ( ) ALTERATION-ADDITION ( )
ACCESSORY BUILDING ( ) SANITARY (X) OTHER ( )
LAND: SE 1/4 of SE 1/4 of Sec. 4 T. 42 N.R. 2 W.,
Town/City of SHANAGOLDEN Parcel ID # 024-00015-0100 Lot
Subdivision Acres 39.45 Site Address 74876 LENZ
Use tax statement for legal description.

Name TRAVIS WILLS Street 2102 DECATOR DR
City WAUSAU State WIS Zip 54401 Daytime Telephone —

Structure-New Addition Existing Basement-Yes No
Construction: Stick-built Pre-Fab. Mobile Home
Structure Use: (residence, storage, etc.) Sanitary-New Existing Privy

**FEES** FAILURE TO OBTAIN PERMIT RESULTS IN A DOUBLE PERMIT FEE.

| | | | | | |
|---|---|---|---|---|---|
| COUNTY BUILDING | $250.00 | MOUND/AT GRADE | ~~$375.00~~ | PRIVY NON PLUMBING | $130.00 |
| ACCESSORY BUILDINGS | $150.00 | SANITARY | $325.00 | PORTABLE RESTROOM | $130.00 |
| ALTERATIONS/ADDITIONS | $125.00 | SANITARY RECONNECT | ~~$100.00~~ | OTHER | $ |
| | | | | TOTAL | $ |

I (we) declare that this application (including any accompanying schedule) 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 will be relied upon by the County of Ashland, Wisconsin in determining whether to issue a permit. I (we) further accept all liability which may be a result of the County of Ashland relying on this information I (we) am (are) providing in this application. I (we) agree to permit county officials charged with administering county ordinances or other authorized person to have access to the above described premises at any reasonable time for the purpose of inspection.

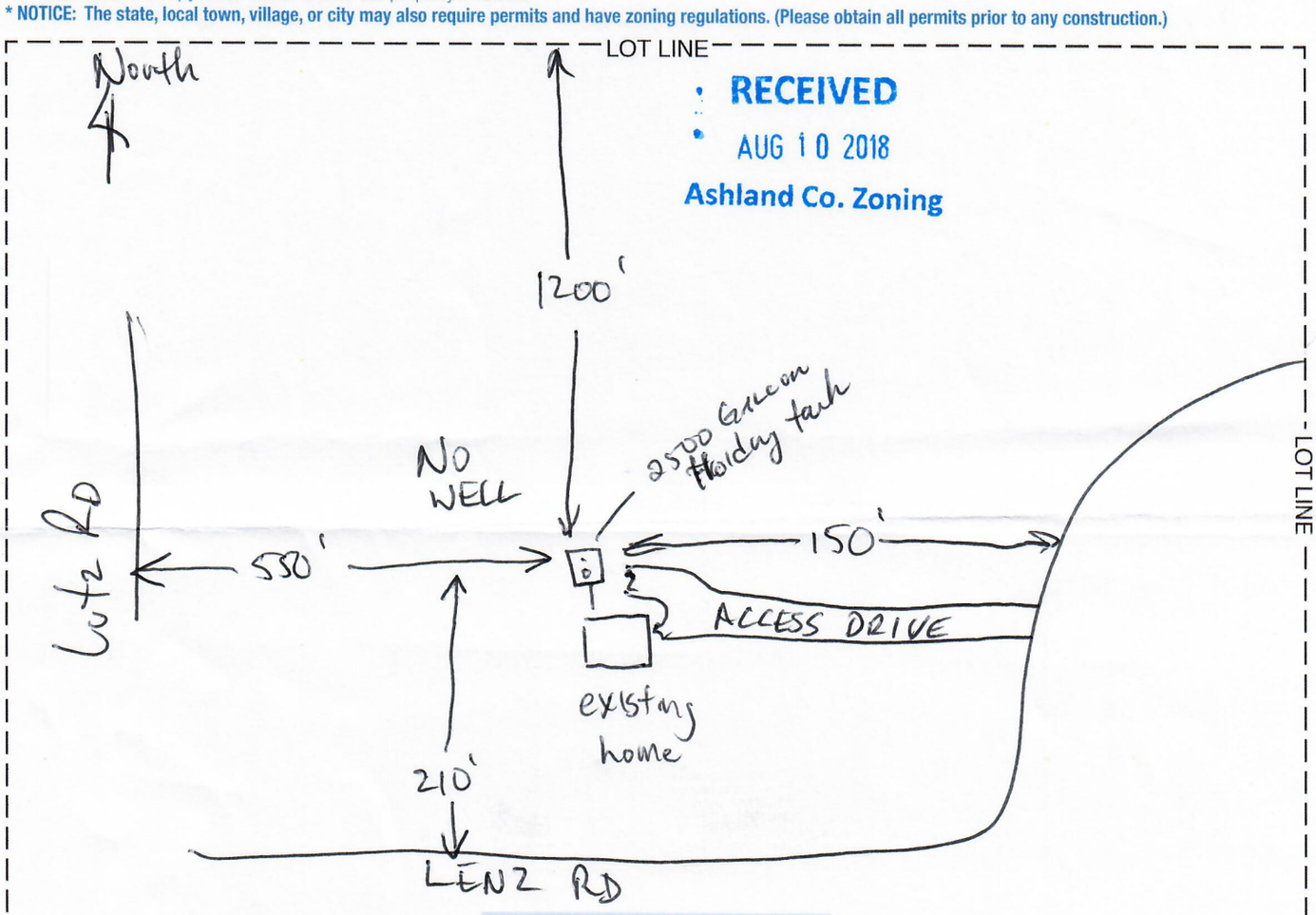
**SIGN HERE** X Travis Wills X 8/7/18
SIGNATURE OF OWNER(S) THIS FORM IS **NOT VALID** UNLESS SIGNED BY THE OWNER(S). DATE

NAME Travis Wills

## PLEASE FOLLOW THESE INSTRUCTIONS – USE INK ONLY

1. Show the location and size of all existing buildings (EB) and all new buildings or additions (NB) and indicate North (N).
2. Show the location of the well (W), or septic tank (ST), or holding tank (HT), or mound (M), or drainfield (DF), or privy, portable rest room (PV), which ever applies.
3. Show the location of any lake or flowage – if within 1,000 ft. and the location of any river or stream – if within 300 ft.
4. Show dimensions in feet of the following: (a) building to all lot lines, (b) building to center line of road, (c) building to lake, river, stream, floodplain or wetland if applicable. Show building dimensions in feet.
5. Stake or mark proposed location of all new buildings and privies on your property.
6. Show the driveway location.
7. If separate plans are submitted by an architect, engineer, owner, builder, contractor, etc., the plans must be signed and dated by the owner.
8. Please attach a copy of tax statement for the property involved.

*** NOTICE: The state, local town, village, or city may also require permits and have zoning regulations. (Please obtain all permits prior to any construction.)**




**OFFICE USE ONLY**
PERMIT ISSUED: Date 8-15-18 Permit No. 7528 (Co. Sant.) 600169 (State)
FEE PAID $ 325.00 PERMIT EXPIRES 8-15-20
Permit Denied (date) INSPECTION (DATE)

(REV. 4/2015)