

INTEREST
9/20/20

APPLICATION FOR PERMIT

Ashland County, Wisconsin 54806

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

OFFICE USE	
Application No. <u>7968</u>	<u>613305</u>
<u>7969</u>	<u>613305</u>
Zoning Dist. <u>U.D.</u>	

Check Permit(s) Applied For:

COUNTY BUILDING () PRIVY/NON-PLUMBING () PORTABLE RESTROOM () ALTERATION-ADDITION ()
ACCESSORY BUILDING () SANITARY () OTHER ()

LAND: SE 1/4 of SW 1/4 of Sec. 35 T. 45 N.R. 3 W.,

(Town)City of ASHLAND Parcel ID # 004-00555-0100 Lot _____
Subdivision _____ Acres _____ Site Address 70294 Kornstead Rd Use tax statement for legal description.

Name RYAN PLASCH Street 14560 RESORT RD
City CABLE State WI Zip 54875 Daytime Telephone 715-382-3418

Structure-New Addition _____ Existing _____ Basement-Yes No _____

Construction: Stick-built LOG Pre-Fab. _____ Mobile Home _____

Structure Use: RESIDENCE (residence, storage, etc.) Sanitary-New Existing _____ Privy _____

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

+ COUNTY BUILDING	\$300.00	+ MOUND/AT GRADE	\$450.00	PRIVY NON PLUMBING	\$175.00
ACCESSORY BUILDINGS	\$200.00	SANITARY	\$400.00	PORTABLE RESTROOM	\$175.00
ALTERATIONS/ADDITIONS	\$175.00	SANITARY RECONNECT ...	\$150.00	OTHER	\$
				TOTAL	\$ 750

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 persons to have access to the above described premises at any reasonable time for the purpose of inspection.

SIGN HERE

[Signature]

7-10-2020

SIGNATURE OF OWNER(S) THIS FORM IS NOT VALID UNLESS SIGNED BY THE OWNER(S).

DATE

PLEASE FOLLOW THESE INSTRUCTIONS - USE INK ONLY

- Show the location and size of all existing buildings (EB) and all new buildings or additions (NB) and indicate North (N).
- 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.
- 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.
- 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.
- Stake or mark proposed location of all new buildings and privies on your property.
- Show the driveway location.
- If separate plans are submitted by an architect, engineer, owner, builder, contractor, etc., the plans must be signed and dated by the owner.
- 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.)

LOT LINE

EMAIL ADDRESS (SEE ATTACHED)

MAIL IS LOCATED@GMAIL.COM

RECEIVED
JUL 10 2020
Ashland Co. Zoning

I MIGHT NEED MORE STUFF BUT PLEASE DO WHAT YOU CAN TO SAVE TURN AROUND TIME, WAITING FOR MORE ESTIMATES ON MOUND YET, IT WILL BE A 3 BEDROOM MOUND WITH 2000 GALLON HOLDING TANK. THANK YOU

WRITE NAME OF FRONTAGE ROAD 613305 (State)

NAME

Ryan Plascch

LOT LINE

PERMIT ISSUED: Date 8-19-2020

FEE PAID \$ 750.00

Permit Denied (date) _____

OFFICE USE ONLY

Permit No. 7968 (Co-Build.) 7969 (Co-Sold)

PERMIT EXPIRES 8-19-2022

INSPECTION (DATE) _____