ENTERED 8/24/18

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. 7538
600176
Zoning Dist. City

Check Permit(s) Applied For:

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

LAND: _____ 1/4 of _____ 1/4 of Sec. 4 T. 47 N.R. 4 (W.)
Town/City of Ashland Parcel ID # 201-02957-0000 Lot _____
Subdivision _____ Acres _____ Site Address 420 Use tax statement for legal description.

NAME

Name James & Jacqueline Ogilvie Street 420 - 16TH STE
City Ashland State WI Zip 54806 Daytime Telephone 715-292-6985

Structure-New _____ Addition _____ Existing X Basement-Yes X No _____
Construction: Stick-built X Pre-Fab. _____ Mobile Home _____
Structure Use: Residence (residence, storage, etc.) Sanitary-New _____ Existing X 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 James & Jacqueline Ogilvie 7-16-18
SIGNATURE OF OWNER(S) THIS FORM IS **NOT VALID** UNLESS SIGNED BY THE OWNER(S). **DATE**

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.)**

LOT LINE

See Attached

RECEIVED
JUL 17 2018
Ashland Co. Zoning

LOT LINE

WRITE NAME OF FRONTAGE ROAD

OFFICE USE ONLY

PERMIT ISSUED: Date 8-20-18 Permit No. 7538 (Co. Sant.) 600176 (State)
FEE PAID $ 375.00 PERMIT EXPIRES 8-20-20
Permit Denied (date) _____ INSPECTION (DATE) _____

(REV. 4/2015)