

ENTERED
8/20/18

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 Porte applications are submitted to Town of La Porte Zoning, 240 Big Bay RD, PO Box 270, La Porte, WI 54850

OFFICE USE
Application No. 7536
600174
Zoning Dist. U.D.

Check Permit(s) Applied For:

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

LAND: NE 1/4 of NE 1/4 of Sec. 19 T. 46 N.R. 4 W.,

Town/City of WHITE RIVER Parcel ID # 026-00400-0300 Lot _____
Subdivision _____ Acres 5 Site Address 43942 STATE Hwy 112

Name PREMIER INDUSTRIES Street 43942 STATE Hwy 112
City ASHLAND State WIS Zip 54806 Daytime Telephone 715-278-3989

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 (X) Existing _____ Privy _____

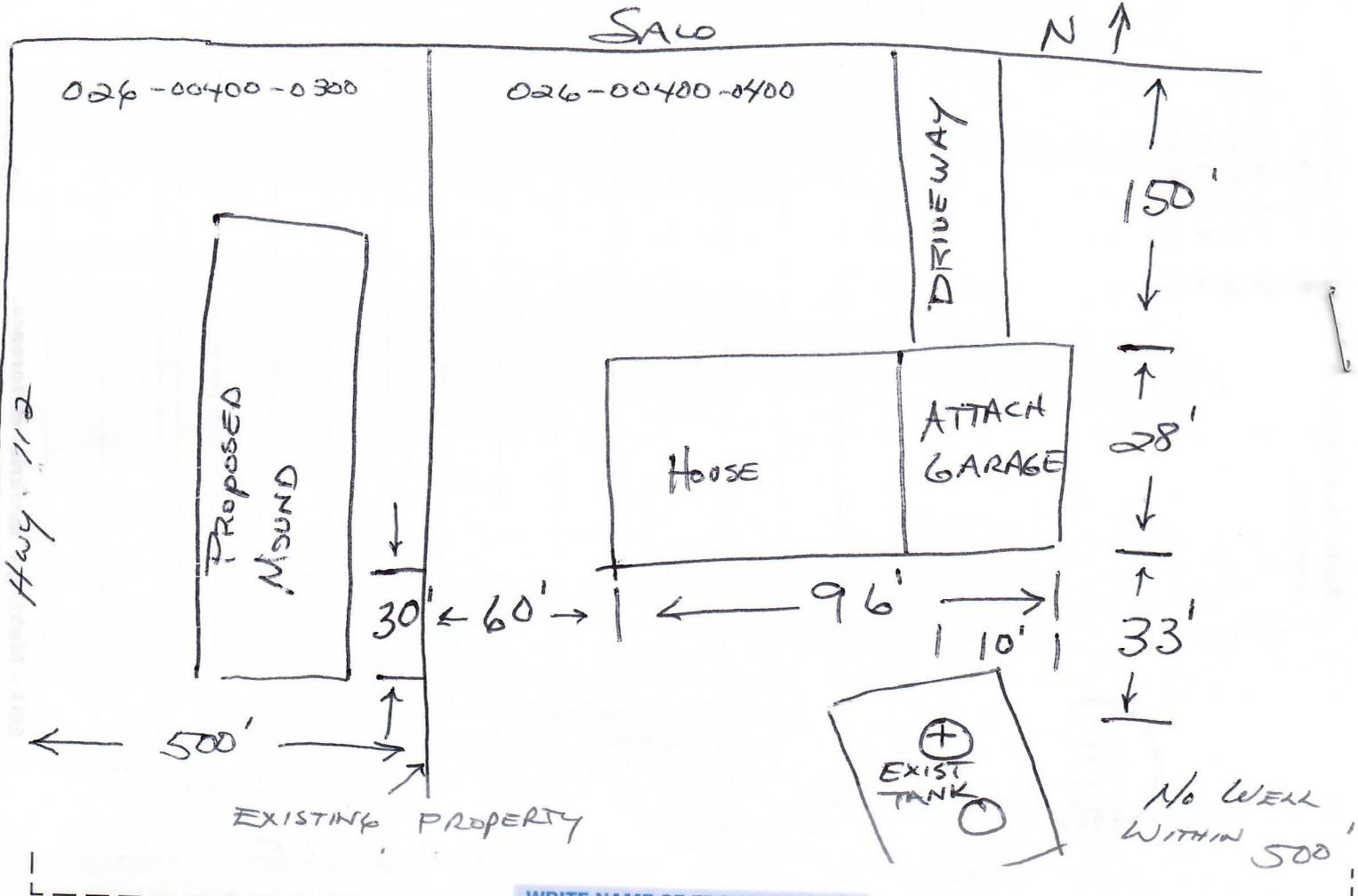
FEES		FAILURE TO OBTAIN PERMIT RESULTS IN A DOUBLE PERMIT FEE.	
COUNTY BUILDING	\$250.00	MOUND/AT GRADE	<u>\$375.00</u>
ACCESSORY BUILDINGS	\$150.00	SANITARY	\$325.00
ALTERATIONS/ADDITIONS	\$125.00	SANITARY RECONNECT ...	\$100.00
PRIVY Non PLUMBING	\$130.00	PORTABLE RESTROOM	\$130.00
OTHER	\$	TOTAL	\$

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.

SIGNATURE Tan KRISKOVICH DATE 7/30/18
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.



WRITE NAME OF FRONTAGE ROAD

PERMIT ISSUED: Date 8-20-18 OFFICE USE ONLY
FEE PAID \$ 375.00 Permit No. 7536 (Co-Sant.) 600174 (State)
Permit Denied (date) _____ PERMIT EXPIRES 8-20-20
(REV. 4/2015) INSPECTION (DATE) _____

Premier Industries