

ENTERED
2/22/18

APPLICATION FOR PERMIT
Ashland County, Wisconsin 54806

OFFICE USE	
Application No.	7352
	7353
Zoning Dist.	U.A.

INSTRUCTIONS: Fill out 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 (X) PRIVY/NON-PLUMBING (X) PORTABLE RESTROOM () ALTERATION-ADDITION ()
 ACCESSORY BUILDING () SANITARY () OTHER ()

LAND: SW 1/4 of NW 1/4 of Sec. 21 T. 45 N.R. 3 W.,
 Town/City of ASHLAND Parcel ID # 004-0307-0530 Lot 2 am
 Subdivision Acres: 2.38 Site Address 37588

Name CHAD P. BARRINGER Street 8 ASPEN WAY
 City LAUDAU State MN Zip 55628 Daytime Telephone 651-280-8891

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

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	\$135.00
				TOTAL	\$250.00

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.

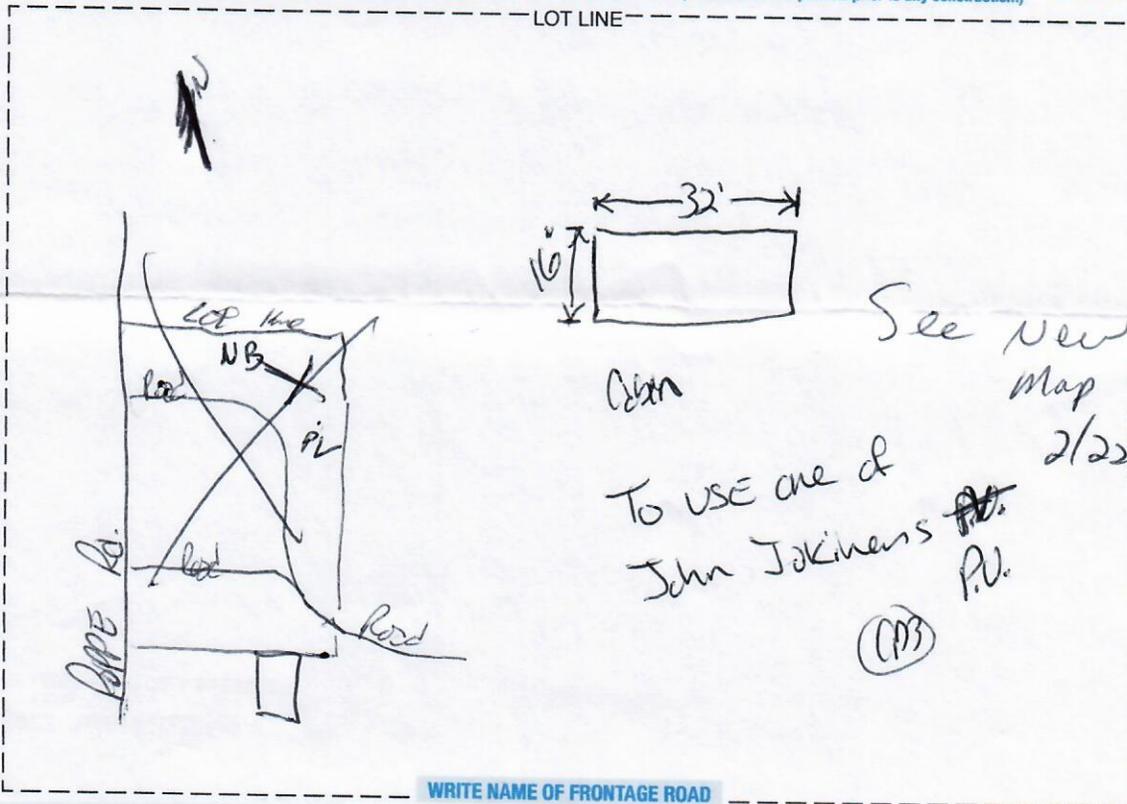
SIGN HERE Chad Barringer
 SIGNATURE OF OWNER(S) THIS FORM IS NOT VALID UNLESS SIGNED BY THE OWNER(S).

DATE 12/20/17

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 (PR), 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.)



WRITE NAME OF FRONTAGE ROAD

PERMIT ISSUED: Date 2-22-18
 FEE PAID \$ 505.00 w/ 911 fee
 Permit Denied (date)

OFFICE USE ONLY
 Permit No. 7352 (PRU) 7353 (Co. Build.)
 PERMIT EXPIRES 2-22-20
 INSPECTION (DATE) 2-22-18

NAME

Chad Barringer

JAN 24 2018

BY:



RECEIVED

FEB 01 2018

Ashland Co. Zoning

RECEIVED

FEB 01 2018

Ashland Co. Zoning

ASHLAND COUNTY ZONING ADMINISTRATION
COURTHOUSE, 201 WEST MAIN ST, ROOM 109
ASHLAND, WISCONSIN 54806
(715) 682-7014

NON-PLUMBING SANITARY PERMIT APPLICATION

Property Owner's Name Chad P. Beringer		Property Legal Description SW 1/4 NW 1/4 S 21 T 45 N R 03 W	
Property Owner's Mailing Address 8 ASPEN WAY		Gov't Lot # Lot 2	Block#
City, State LANDFALL, WI	Zip Code 55128	Daytime Phone # 651-280-8724	Subdivision Name or CSM Number

Type of Building: (Check one) <input type="checkbox"/> State-Owned <input type="checkbox"/> Recreational Vehicle	<input type="checkbox"/> City	Nearest Road POPPE RD.
<input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: _____	<input type="checkbox"/> Village	Fire Number applied for
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Other (Explain)	<input checked="" type="checkbox"/> Town of Ashland	

Public Building/Land Use: [Explain the use purpose for this permit, (i.e., campground, festival, recreation/entertainment event etc.)] To have a restroom for my guests.	Parcel Tax/I.D. Number(s) am 004-00327-580
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Type of NonPlumbing Device/System/Toilet/Unit: <input type="checkbox"/> Privy-Vault Toilet (Vault size: _____ gallons _____ or cubic yards) (Required minimum 200 gallons)	<input type="checkbox"/> Composting Toilet System Brand & NSF #: _____
<input type="checkbox"/> Privy-Pit Toilet (Soils test must be on file)	<input type="checkbox"/> Incinerating Toilet Device Brand & NSF #: _____
<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Portable Restroom Unit

Owner's Signature Chad P. Beringer	Date: 1/30/18
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Office Use Only:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Permit Fee: 130	Date Issued: 2-22-18	Issuing Agent Signature J. Kelly
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Comments:
Toilet to Remain on property - Can not be moved to Another Site unless a new sanitary permit is issued.

Conditions of Approval /Reasons for Disapproval: