ENTERED 7/5/18

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. 7425
7444
Zoning Dist. S-L.P

Check Permit(s) Applied For:
COUNTY BUILDING (X) PRIVY/NON-PLUMBING ( ) PORTABLE RESTROOM ( ) ALTERATION-ADDITION ( )
ACCESSORY BUILDING ( ) SANITARY ( ) OTHER ( )

LAND: ____ 1/4 of ____ 1/4 of Sec. 4 T. 50N N.R. 2W W.,
Town/City of La Pointe Parcel ID # 014-00022-0300 Lot 1
Subdivision ____ Acres 25 Fire # 3514 (3520) Use tax statement for legal description.

Name Nicholas Eoloff Street ~~1618 Main St~~ 1615 Q ST NW #212
City ~~La Pointe~~ Washington State ~~WI~~ DC Zip ~~54850~~ 20009 Daytime Telephone 612-770-0502

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

NAME Nicholas & Anita EOLOFF

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	$ 350.00

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 Nick Eoloff Anita Eoloff 6/12/18
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

RECEIVED
JUN 15 2018
Ashland Co. Zoning

LOT LINE

WRITE NAME OF FRONTAGE ROAD

OFFICE USE ONLY
PERMIT ISSUED: Date 6-12-18 Permit No. 007425 (co. build.) 7444 (Sant. Rec)
FEE PAID $ 350.00 PERMIT EXPIRES 6/12/20
Permit Denied (date) ____ INSPECTION (DATE) 9/17/17

(REV. 4/2015)

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