

ENTERED  
6/20/17

**APPLICATION FOR PERMIT**  
Ashland County, Wisconsin 54806

OFFICE USE	
Application No.	7239
	579391
Zoning Dist.	Rec./Res.

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.

Check Permit(s) Applied For:

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

LAND: W 1/2 1/4 of W 1/2 1/4 of Sec. 5 T. T44N N.R. R3W W.,  
Town/City of MORSE Parcel ID # 018-00511-0400 Lot Gov Lot 5  
Subdivision RASMUSON RD V 709 PG 147 Acres 10.43 Fire # 66931 Use tax statement for legal description.

Name Christopher Romes / ~~Angelo Romes~~ Street 417 Jubilee Lane  
City MADISON State WI Zip 53718 Daytime Telephone 608-285-2175

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

<b>FEES</b> 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 Christopher Romes DATE 5/31/2017  
SIGNATURE OF OWNER(S) THIS FORM IS NOT VALID UNLESS SIGNED BY THE OWNER(S).

**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

See attached plot plan

RECEIVED  
JUN 02 2017

BY: \_\_\_\_\_

WRITE NAME OF FRONTAGE ROAD

PERMIT ISSUED: Date 5-25-17 OFFICE USE ONLY Permit No. 7239 (Sanitary) 579391 (State)  
 FEE PAID \$ 325.00 PERMIT EXPIRES 5-25-19  
 Permit Denied (date) \_\_\_\_\_ INSPECTION (DATE) \_\_\_\_\_

NAME Christopher Romes

LOT LINE

# Conventional Septic System

JUN 02 2017

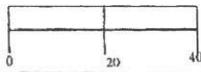
Chris Romes  
 417 Jubilee Lane  
 Madison WI 53718  
 W 1/2 W1/2 S 5 T 44 N R 3W  
 PID 018-00511-0400  
 B1= 97.6 B2 = 97.6 B3 = 88.6

Calculations  
 1050 gal per day / .7 = 1667. ft sq  
 1667 / 20 for Quick 4 W chambers =  
 84 chambers. 84 x 4 = 336 ft of trench.  
 4 trenches with 21 chambers in  
 each trench, each trench 84 ft long  
 SCALE: 1 inch = 40 ft unless marked

System elevation = 91.3 to 88.6

Scale= 1 inch = 40 ft (unless marked)

Note: 2 bedroom cabin and future 5 bedroom home  
 will be sharing the drainfield sized for 7 bedrooms.  
 Tanks will be separate



△ = Benchmark  
 Nail 6" above ground level  
 in 8" ash tree = 100.00'

*Chris Romes 5/31/2017*

