

ENTRUSTED
5/30/19

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. <u>7643</u>	
<u>7666, 7676</u>	
Zoning Dist. <u>REC/RES. F.P.</u>	

Check Permit(s) Applied For:

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

LAND: 1/4 of 1/4 of Sec. 32 T. 43N N.R. 04W W.,
Town/City of GORDON Parcel ID # 010-00803-0000 Lot _____
Subdivision PLATO CLAM LAKE PARK Acres 1 Fire # 23469 Use tax statement for legal description.

Name Steve Thomas Street 414 EP. W ST
City New London State WI Zip 54961 Daytime Telephone 920-450-5336

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

FEES FAILURE TO OBTAIN PERMIT RESULTS IN A DOUBLE PERMIT FEE.		PRIVY NON PLUMBING..... \$130.00
COUNTY BUILDING \$200.00 <u>250.00</u>	MOUND/AT GRADE \$350.00	PORTABLE RESTROOM \$130.00
ACCESSORY BUILDINGS..... \$100.00	SANITARY \$325.00	OTHER <u>Grading</u> \$ <u>100.00</u>
ALTERATIONS/ADDITIONS \$75.00	SANITARY RECONNECT ... \$100.00	TOTAL..... \$ <u>675.00</u>

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 Steve Thomas 12-29-2014
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↑).

See attached plans...

NAME Steve Thomas

PERMIT ISSUED: Date 5-29-19 Permit No. 7643 (Co. Build.) 7666 (Co. Suid.) (State) 7676 (Grading) 613223
 FEE PAID \$ 675.00 PERMIT EXPIRES 5-29-21
 Permit Denied (date) _____ INSPECTION (DATE) _____