

ENTERED  
10/15/18

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

OFFICE USE	
Application No.	7723
	7725
Zoning Dist.	S.L.P.

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

LAND: 1/4 of 1/4 of Sec. 27 T. 51 N.R. 2 W.,  
Town/City of La Pointe Parcel ID # 14-00313-0300 Lot 1  
Subdivision Acres Site Address 3756 North Shore Rd

Name Ruth Carlson Street 801 E 19th St Apt 6  
City La Mar State MO Zip 64759 Daytime Telephone 2099853098

Structure-New X Addition Existing Basement-Yes No  
Construction: Stick-built X Pre-Fab. Mobile Home  
Structure Use: Residence Sanitary-New X Existing Privy

<b>FEES</b> FAILURE TO OBTAIN PERMIT RESULTS IN A DOUBLE PERMIT FEE.	
COUNTY BUILDING	\$300.00
ACCESSORY BUILDINGS	\$200.00
ALTERATIONS/ADDITIONS	\$175.00
MOUND/AT GRADE	\$450.00
SANITARY	\$400.00
SANITARY RECONNECT	\$150.00
PRIVY NON PLUMBING	\$175.00
PORTABLE RESTROOM	\$175.00
OTHER	\$
TOTAL	\$500.00

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** X Ruth Carlson 10-12-18  
SIGNATURE OF OWNER(S) THIS FORM IS NOT VALID UNLESS SIGNED BY THE OWNER(S). DATE

**PLEASE FOLLOW THESE INSTRUCTIONS - USE INK ONLY**

- 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

**RECEIVED**

OCT 29 2018

Ashland Co. Zoning

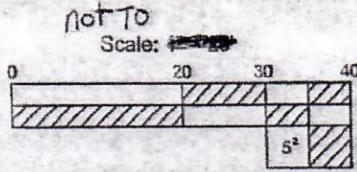
LOT LINE

WRITE NAME OF FRONTAGE ROAD

PERMIT ISSUED: Date 10/18/18 OFFICE USE ONLY (Access) (Co. Build)  
 FEE PAID \$ 500.00 Permit No. 7723 & 7725  
 Permit Denied (date) INSPECTION (DATE) 10/11/18 PERMIT EXPIRES 10/18/20

NAME Ruth Carlson

CHECK BOX AS APPLICABLE  
 SOIL EVALUATION  
SITE MAP



CHECK BOX AS APPLICABLE  
 SYSTEM  
PLOT PLAN

PROJECT NAME:  
Ruth E Carlson

DESIGN FLOW: 300 GPD  
Attach design flow calculations for commercial plans.

PROJECT ADDRESS: 3756 North Shore Rd - La Pointe, WI

Pipe Material / ASTM Standard (Tables 384.30-3 & 384.30-5)

BM Symbol: BM Elevation: \_\_\_\_\_ FT

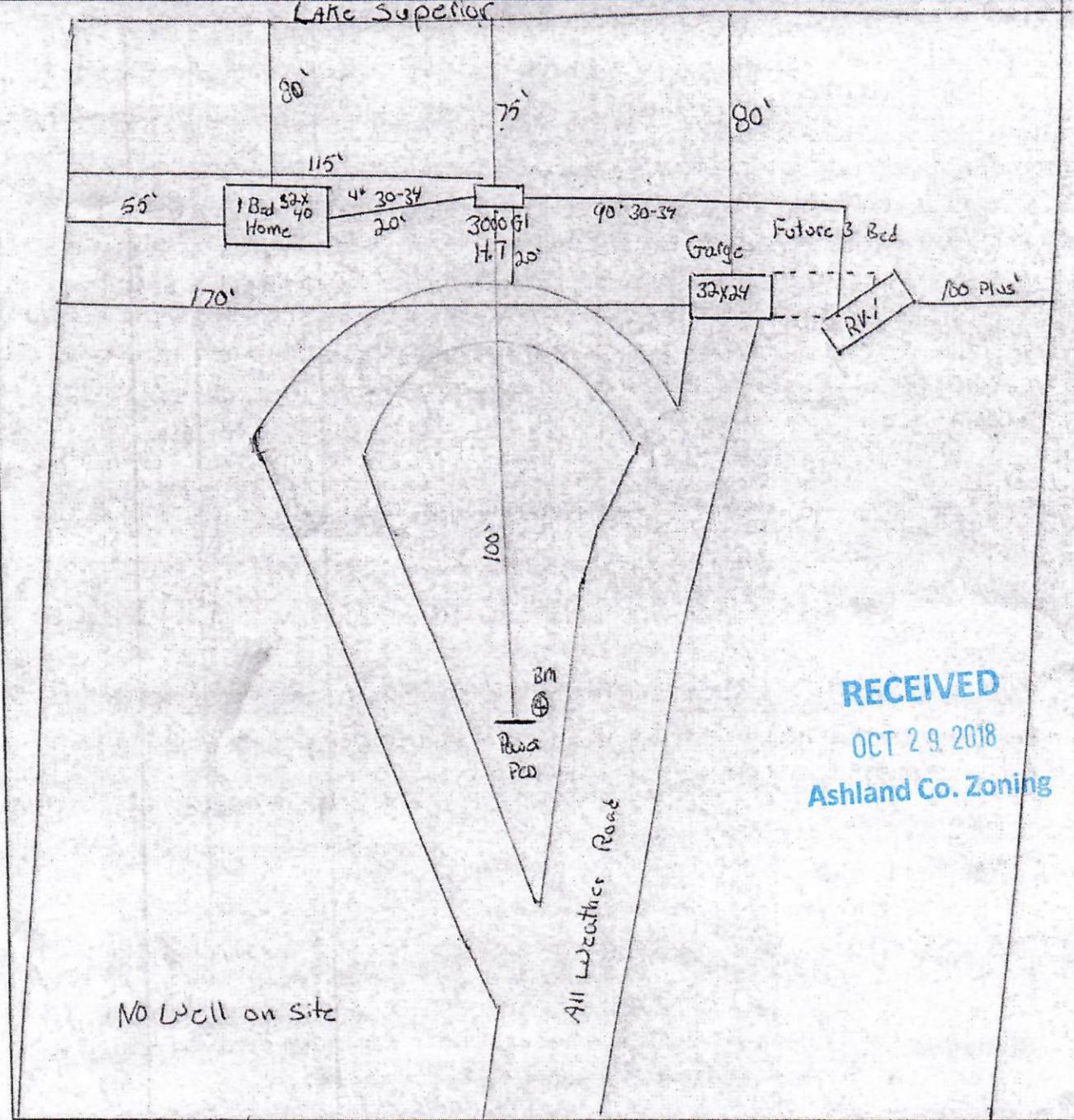
Sanitary Sewer: \_\_\_\_\_ / \_\_\_\_\_  
Force Main: \_\_\_\_\_ / \_\_\_\_\_

BM Description: \_\_\_\_\_

Slope Gradient (%) of Tested Area: \_\_\_\_\_  
Well Symbol (if applicable):

Indicate north by drawing an arrow on the appropriate line.

IMPORTANT:  
Show ground elevation contours at suitable intervals.



*Ruth E Carlson*

3756 North Shore Rd.