ENTERED 9/14/17

APPLICATION FOR PERMIT

Ashland County, Wisconsin 54806

OFFICE USE
Application No. 7302 600116
Zoning Dist. U.D.

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: NW 1/4 of SW 1/4 of Sec. 3 T. 45 N.R. 4 W.,
Town/City of Marengo Parcel ID # 016-00042-0400 Lot
Subdivision Acres 5.2 Fire # 63083 Use tax statement for legal description.

Name Carolyn Ylitalo Street 63083 County Hwy C
City Marengo State WI Zip 54855 Daytime Telephone 715-278-3648

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

NAME Carolyn Ylitalo

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	$

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.

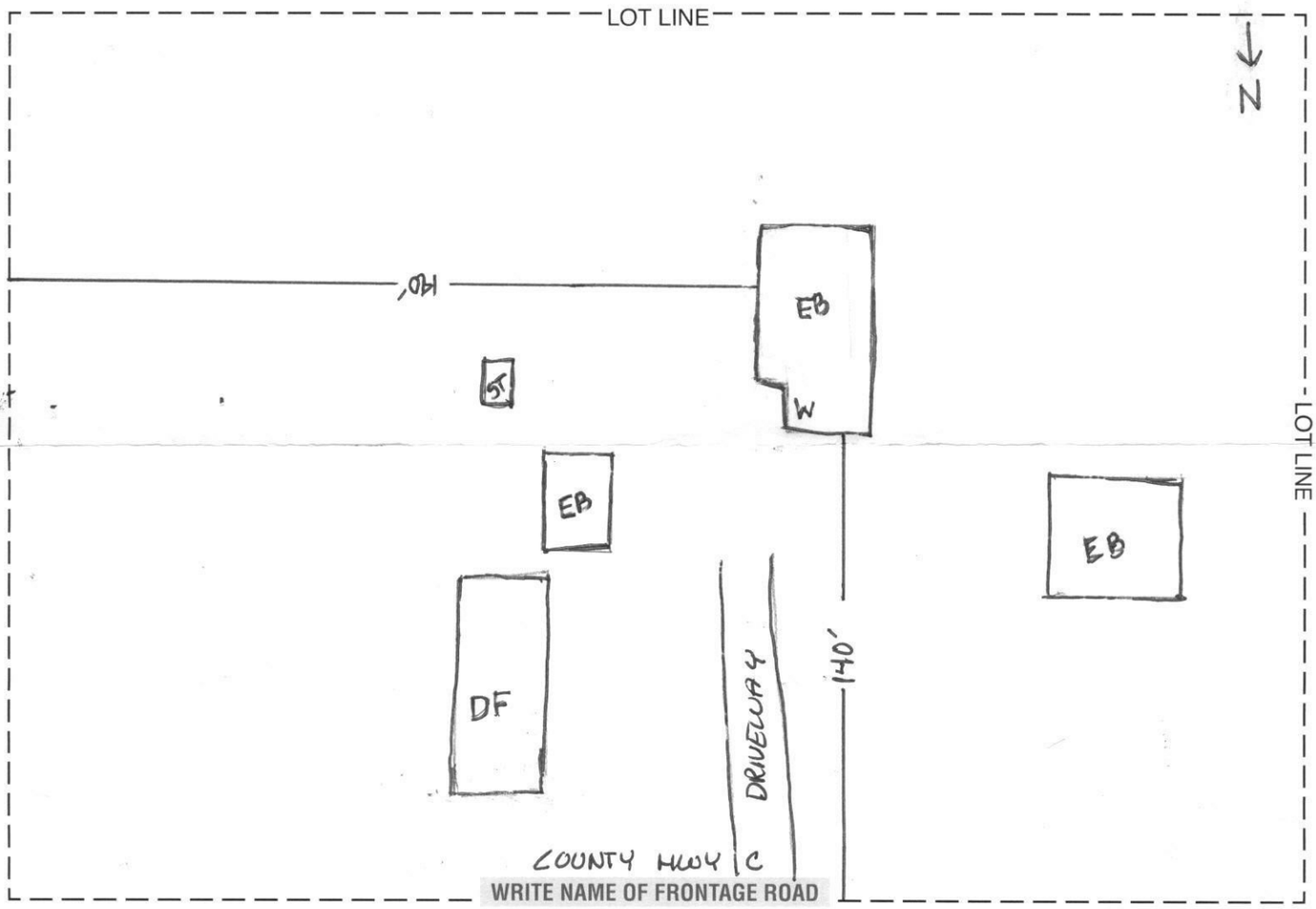
SIGN HERE Carolyn Ylitalo 8/8/17
SIGNATURE OF OWNER(S) THIS FORM IS **NOT VALID** UNLESS SIGNED BY THE OWNER(S). **DATE**

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.)**

RECEIVED SEP 14 2017 BY:



OFFICE USE ONLY

PERMIT ISSUED: Date 9-14-17 Permit No. 7302 (Co. Sant.) 600116 (State)
FEE PAID $ 375.00 PERMIT EXPIRES 9-14-19
Permit Denied (date) INSPECTION (DATE)

(REV. 4/2015) PRINTING PLUS, ASHLAND, WI