

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. 8360
634907
 Zoning Dist. SLP

Check Permit(s) Applied For:

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

LAND: 1/4 of 1/4 of Sec. 4 T. 50 N.R. 2 W.,
 Town/City of La Pointe Parcel ID # 014-00045-0610 Lot _____
 Subdivision _____ Acres _____ Site Address 2642 North Shore Use tax statement or legal description

Name 2642 North Shore LLC Street 8500 Normandale Ln Blvd
 City Bloomington State MN Zip 55437 Daytime Telephone 6127194441

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

FEES FAILURE TO OBTAIN PERMIT RESULTS IN A DOUBLE PERMIT FEE.

COUNTY BUILDING	\$300.00	MOUND/AT GRADE	\$450.00	PRIVY NON PLUMBING	\$175.00
ACCESSORY BUILDINGS	\$200.00	SANITARY	\$400.00	PORTABLE RESTROOM	\$175.00
ALTERATIONS/ADDITIONS	\$175.00	SANITARY RECONNECT	\$150.00	OTHER	\$
				TOTAL	\$ 400.00

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

[Signature]

SIGNATURE OF OWNER(S) THIS FORM IS NOT VALID UNLESS SIGNED BY THE OWNER(S).

DATE 8-2-21

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

RECEIVED
 AUG 09 2021
 Ashland Co. Zoning

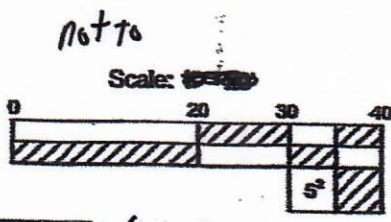
ENTERED
 08/2021

WRITE NAME OF FRONTAGE ROAD

OFFICE USE ONLY

PERMIT ISSUED: Date 8/9/21 Permit No. 8360 (County) 634907 (State)
 FEE PAID \$ 400.00 PERMIT EXPIRES 8/9/23
 Permit Denied (date) _____ INSPECTION (DATE) _____

CHECK BOX AS APPLICABLE
 SOIL EVALUATION
 SITE MAP
 PROJECT NAME:



CHECK BOX AS APPLICABLE
 SYSTEM
 PAGE 2 OF
 PLOT PLAN

DESIGN FLOW: 300 GPD

Attach design flow calculations for commercial plans.

PROJECT ADDRESS: 2642 North Shore Rd

BM Symbol: BM Elevation: _____ FT

BM Description: _____

Slope Gradient (%) of Tested Area: _____

Well Symbol (if applicable):



Indicate north by drawing an arrow on the appropriate line.

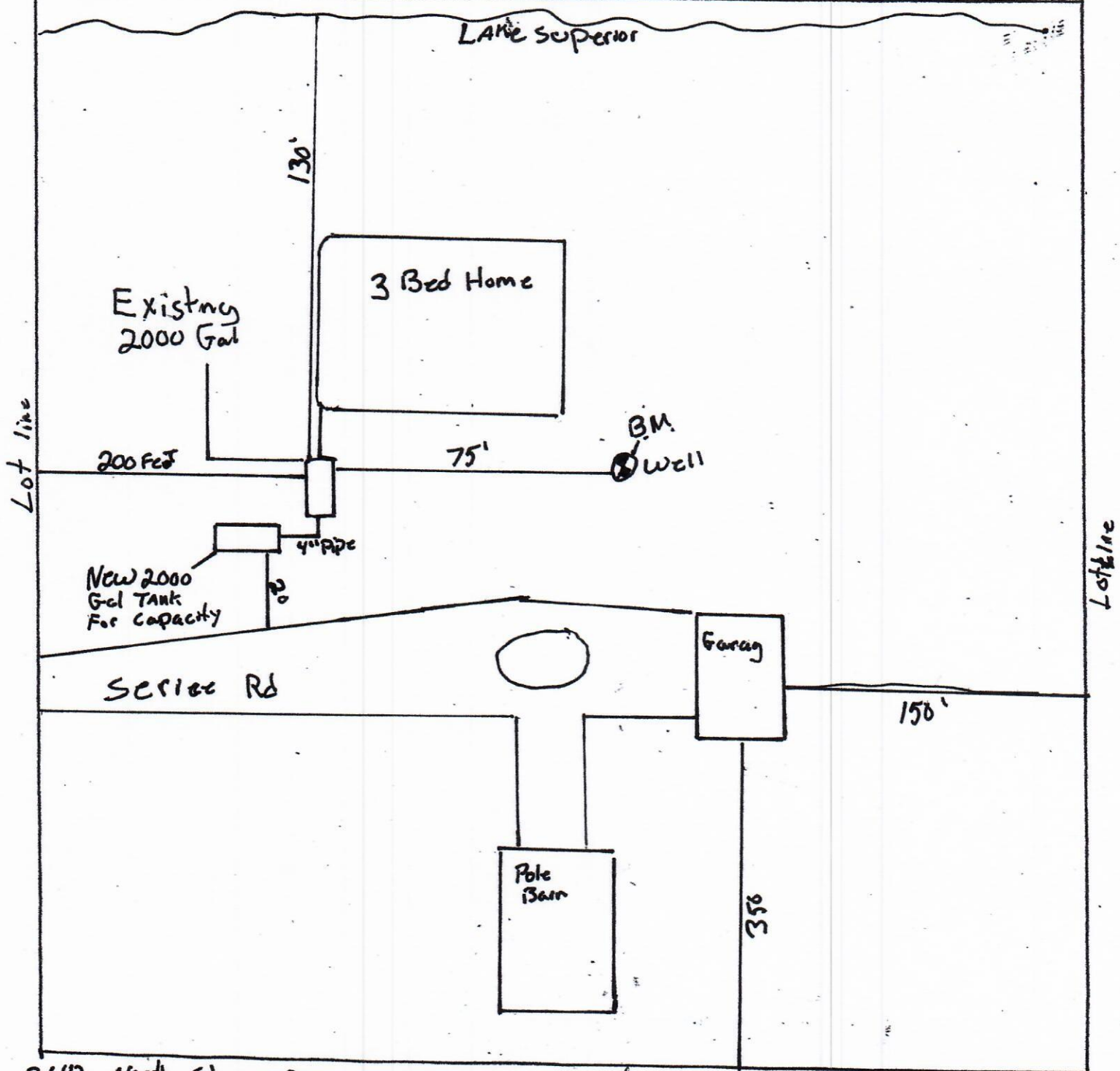
Pipe Material / ASTM Standard (Tables 384.30-3 & 384.30-5)

Sanitary Sewer: _____ / _____

Force Mair: _____ / _____

IMPORTANT:

Show ground elevation contours at suitable intervals.



2642 North Shore RD

Pat Weathers

8-2-21