

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. 8676+
635006
 Zoning Dist. SUP

Check Permit(s) Applied For:

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

LAND: SW 1/4 of SW 1/4 of Sec. 6 T. 41 N.R. 1 E #

Town/City of Agenda Parcel ID # 002-00369-0000 of —

Subdivision — Acres 44.44 Site Address 84024 Co. Hwy F Use tax statement for legal description

Name Dorothy Tank Street P.O. Box 25
 City Glidden State WI Zip 54527 Daytime Telephone 715-264-0617

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

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	\$

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 Dorothy A. Tank x 8/23/2022
 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 —

RECEIVED
 AUG 25 2022
 Ashland Co. Zoning

please refer to Scaled
 Plot Plan Enclosed

ENTERED
 May 2023

— LOT LINE —

WRITE NAME OF FRONTAGE ROAD

PERMIT ISSUED: Date 8/29/22 OFFICE USE ONLY
 FEE PAID \$ 400.00 Permit No. 8676(County) 635006(State)
 Permit Denied (date) _____ PERMIT EXPIRES 8/29/24
 INSPECTION (DATE) _____

NAME Dorothy Tank

CHECK BOX AS APPLICABLE.

SOIL EVALUATION SITE MAP

PROJECT NAME:

Dorothy Tank - Septic Tank Replacement

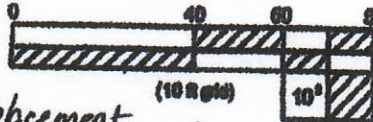
PROJECT ADDRESS: 84024 Co. Hwy F, Butterworth

BM Symbol: BM Elevation: 100.0 FT

BM Description: spike in 10" Balsam Tree

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

Scale: 1" = 40'



Indicate north by drawing an arrow on the appropriate line.

CHECK BOX AS APPLICABLE.

SYSTEM PLOT PLAN

PAGE 2 OF 2

DESIGN FLOW: 600 GPD

Attach design flow calculations for commercial plans.

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

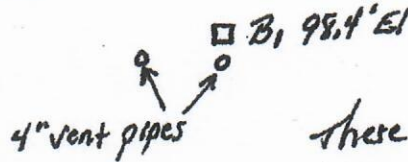
Sanitary Sewer: PRC | Sch 40 + 3034

Force Main: NA | NA

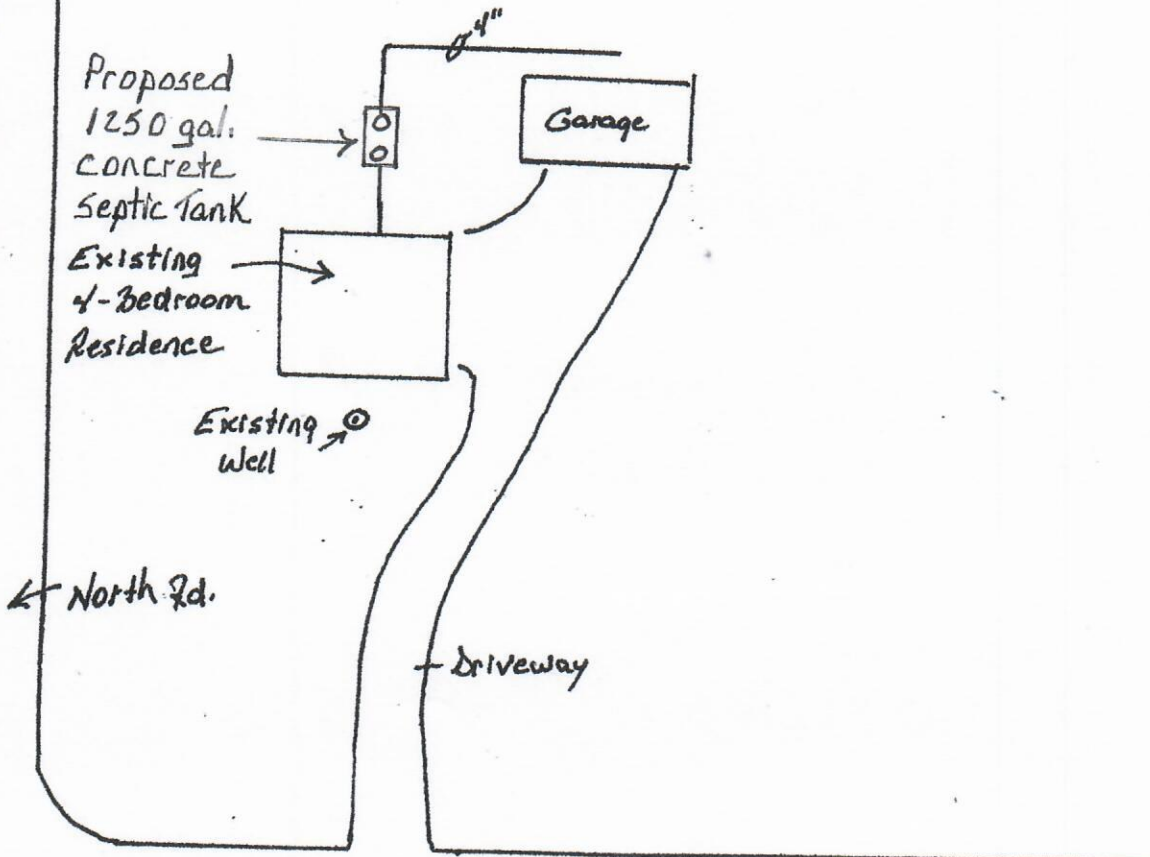
IMPORTANT:

Show ground elevation contours at suitable intervals.

Bench Mark $\rightarrow \Delta$
spike in 10"
Balsam Tree
Assumed 100.0'



There are no Property Lines with 200' of this soil boring



← North Rd.

Co. Hwy. "F"