

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. 82434
8328
 Zoning Dist. SLP

Check Permit(s) Applied For:

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

LAND: 1/4 of 1/4 of Sec. 33 T. 50 N.R. 03 W.,
 Town/City of LA POINTE Parcel ID # 014 00293 1200 Lot 4 Use tax statement
 Subdivision _____ Acres 4 Site Address N/A South Shore for legal description.

Name MAZIE ASHE Street _____
 City LA POINTE State WI Zip 54850 Daytime Telephone (615) 504-1877

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.				
COUNTY BUILDING.....	<u>\$300.00</u>	MOUND/AT GRADE.....	\$450.00	PRIVY Non Plumbing.....	\$175.00
ACCESSORY BUILDINGS.....	\$200.00	SANITARY.....	\$400.00	PORTABLE RESTROOM	<u>\$175.00</u>
ALTERATIONS/ADDITIONS.....	\$175.00	SANITARY RECONNECT....	\$150.00	OTHER.....	\$
				TOTAL.....	<u>\$475.00</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 Mazie Ashe Catherine Ashe 6/24/21
 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.)

County Placard to be issued following receipt of County Sanitary permit

Placing Camper on property (seasonal use)

Permit Date 6/24/21 Camper + 7/12/21
 Fee 475.00 (Inspection 6/21/21)

Permit # 8243 + 8328 (Co Build)
 Permit expires 6/24/23 + 7/12/23 (PRU)

ENTERED 6/7/2021

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 JUL 06 2021
 Ashland Co. Zoning

NAME Catherine and Mazie Ashe



**ASHLAND COUNTY ZONING ADMINISTRATION
COURTHOUSE, 201 WEST MAIN ST, ROOM 109
ASHLAND, WISCONSIN 54806
(715) 682-7014**

NON-PLUMBING SANITARY PERMIT APPLICATION

Property Owner's Name MAZIE ASHE; CATHERINE ASHE			Property Legal Description 1/4 1/4, S T N, R W		
Property Owner's Mailing Address PO BOX 531			Gov't Lot #	Lot#	Block#
City, State LA POINTE, WI	Zip Code 54850	Daytime Phone # (651)500-4877	Subdivision Name or CSM Number		

Type of Building: (Check one) <input type="checkbox"/> State-Owned <input checked="" type="checkbox"/> Recreational Vehicle <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: _____ <input type="checkbox"/> Public <input type="checkbox"/> Other (Explain)		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	Nearest Road S. SHORE ROAD Fire Number
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Public Building/Land Use: [Explain the use/purpose for this permit, (i.e., campground, festival, recreation/entertainment event etc.)]	Parcel Tax/I.D. Number(s) 14-00293-1200
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Type of NonPlumbing Device/System/Toilet/Unit: <input type="checkbox"/> Privy-Vault Toilet (Vault size: _____ gallons _____ or cubic yards) (Required minimum 200 gallons) <input type="checkbox"/> Privy-Pit Toilet (Soils test must be on file) <input type="checkbox"/> Other: _____		<input type="checkbox"/> Composting Toilet System Brand & NSF #: _____ <input type="checkbox"/> Incinerating Toilet Device Brand & NSF #: _____ <input checked="" type="checkbox"/> Portable Restroom Unit
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Owner's Signature <i>Mazie Ashe Catherine Ashe</i>	Date: 6/21/21
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Office Use Only:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Permit 8328	Date Issued 7/12/21	Issuing Agent Signature <i>Jack Rowley</i>
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Comments:

Conditions of Approval /Reasons for Disapproval:

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