

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. 8557,
8558 + 634968
 Zoning Dist. SLP

Check Permit(s) Applied For:

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

LAND: SW 1/4 of SW 1/4 of Sec. 33 T. 41 N.R. 01 W.,
 Town/City of Chippewa Parcel ID # 000-00277-0200 Lot front lot 5
 Subdivision _____ Acres .88 Fire # 80111 Use tax statement for legal description.

Name Curtiss & Marisa Keeser Street 305 Lowell St
 City Watertown State WI Zip 53098 Daytime Telephone 920248602

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

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

COUNTY BUILDING	300.00 300.00	MOUND/AT GRADE	\$375.00	PRIVY NON PLUMBING	\$130.00
ACCESSORY BUILDINGS	\$150.00	SANITARY	400.00 400.00	PORTABLE RESTROOM	\$130.00
ALTERATIONS/ADDITIONS	\$125.00	SANITARY RECONNECT ...	\$100.00	OTHER	\$
				TOTAL	\$700.00

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 Curtiss Keeser Marisa Keeser 4/24/2022
 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

See attached.

RECEIVED
 APR 29 2022
 Ashland Co. Zoning

ENTERED
 04/20/2022

WRITE NAME OF FRONTAGE ROAD

PERMIT ISSUED: Date 5/2/2022 OFFICE USE ONLY Permit No. 8557 (County) 8558 (Co. Build) (State)
 FEE PAID \$ 700.00 PERMIT EXPIRES 5/2/2024
 Permit Denied (date) _____ INSPECTION (DATE) _____

NAME CURTISS & MARISA KEESER

LOT LINE

CHECK BOX AS APPLICABLE.

SOIL EVALUATION
SITE MAP



PROJECT NAME:

Curtiss & Marisa Keiser

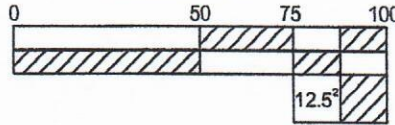
PROJECT ADDRESS: 8011 Lakeshore Ln Butternut, WI 53514

BM Symbol:  BM Elevation: 100.0 FT

BM Description: spike in 10" red pine

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

Scale: 1" = 50'



Indicate north by drawing an arrow on the appropriate line.

CHECK BOX AS APPLICABLE.

SYSTEM
PLOT PLAN

PAGE 2 OF

DESIGN FLOW: 600 GPD

Attach design flow calculations for commercial plans.

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

Sanitary Sewer: 4" scc 40, 1/8 per ft

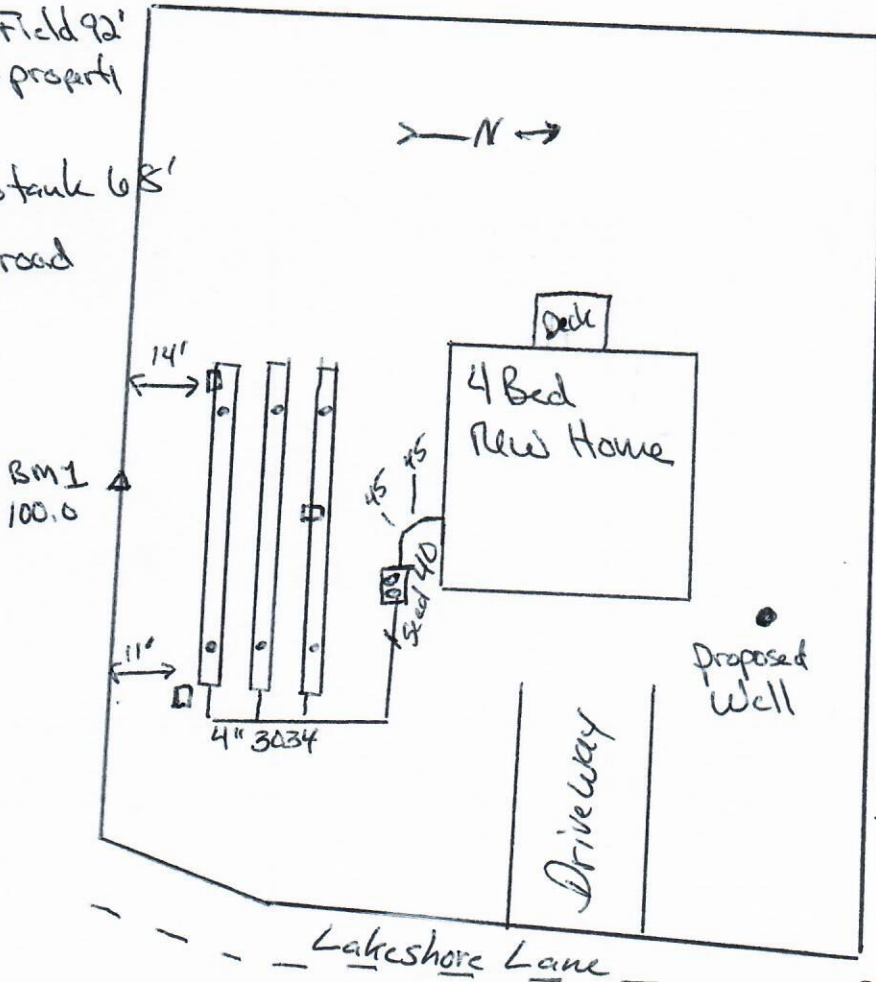
Force Main: - / -

IMPORTANT:

Show ground elevation contours at suitable intervals.

Scale 1" = 40' FT

Lake to Field 92'
Field to S property
11 ft.
Well to tank 68'
Field to road
56'



Location

Plot Lot 5
Sec 33T, 41N, R1W
Town of Chippewa
Ashland County

Legend

Δ = B.M. Bench mark
Spike in 10" Red pine
on South Property line
100.0' ft.

\square - Backhoe Pits

3-Trenches of
E2 Flow 1203H
60' long for a
total of 18 Bundles

18 x 50 = 900 Sq ft

required sq ft = 857

Drawn By Peter T. Schuh
MP # 922499
W7307 HWY 182 Park Falls
WI 54552

Lifetime - 2T 1/8 particle
Filter