

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)
MAY 29 2014
 Bayfield Co. Zoning Dept

ENTERED

Permit #:	14-0149
Date:	10-03-14
Amount Paid:	\$715.69-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Tom Hoglof Mailing Address: 1477 2nd Terrace S.W. 55112 City/State/Zip: Neenah, WI 54851 Telephone: 651-207-5580

Address of Property: 23825 Blue Hill Bay Rd City/State/Zip: Neenah, WI 54851 Telephone: 651-492-3581

Contractor: N/A However Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4 SE 1/4 Gov't Lot: _____ Lot(s): 3 CSIM: 336 Vol & Page: 3155 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section: 2403, Township: T43, N. Range: R6 W. W Town of: Neenah Lot Size: 614.56 x 180.75 Acreage: 2.085

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-034-2-43-06-02-4 01-000-30000 Recorded Document: (i.e. Property Ownership) Volume: 1092 Page(s): 219

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue If Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 180+ feet

Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * (include donated time & material)	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$13,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> (New) Sanitary
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>4.5T</u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Garage + Storage above	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: N/A Width: N/A Height: N/A
 Proposed Construction: Length: 26' Width: 34' Height: Loss 24'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify) <u>Garage</u>	(26 X 34)	884
	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) 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 and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Tom Hoglof, Sherrice Hoglof Date: 4/30/14
 (if there are Multiple Owners listed on the Deed All Owners must sign or better of authorization must accompany this application)

Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

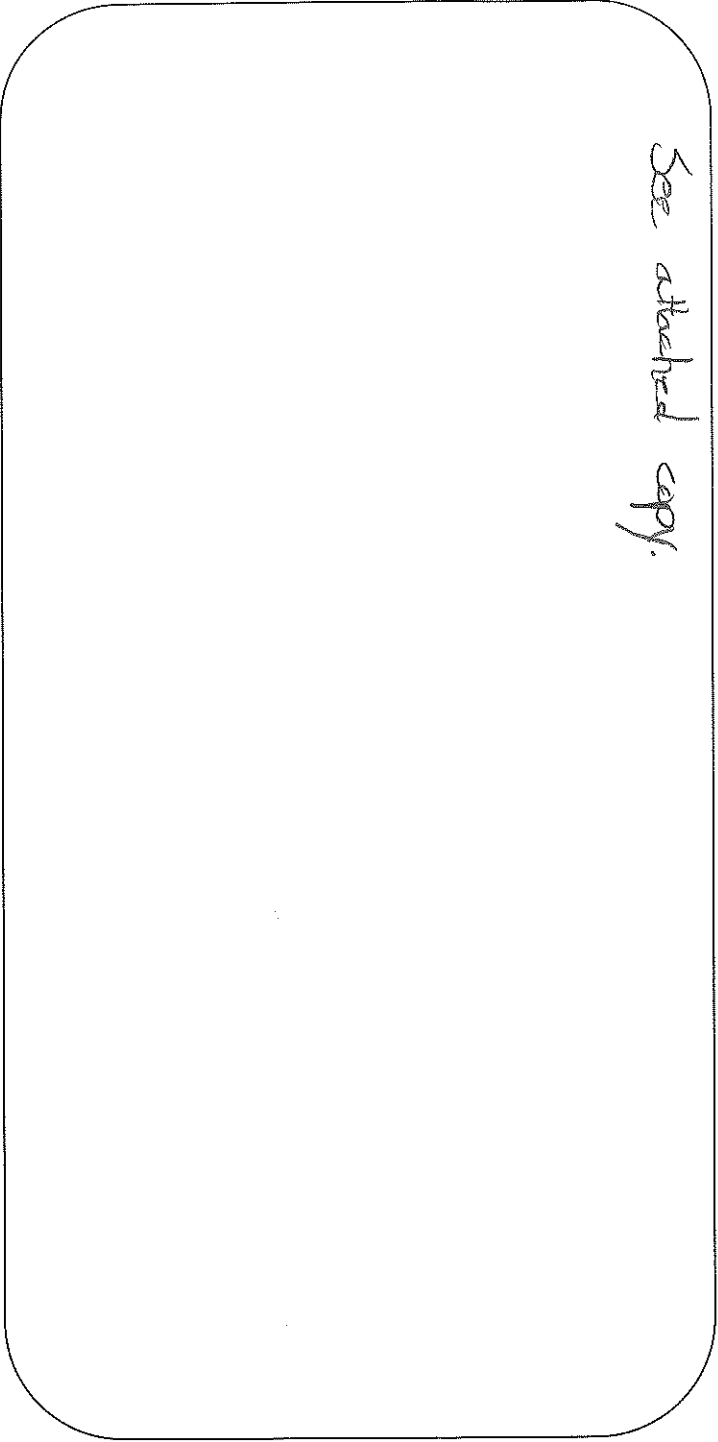
Address to send permit: 1477 2nd Terrace SW, Neenah, WI 54851
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

The box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attached copy.



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	NA	Setback from the Lake (ordinary high-water mark)	130'±
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	350'±	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Setback from Wetland	150'±
Setback from the West Lot Line	80'±	Setback from 20% Slope Area	NA
Setback from the East Lot Line	12'	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	30'	Setback to Well	50'±
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

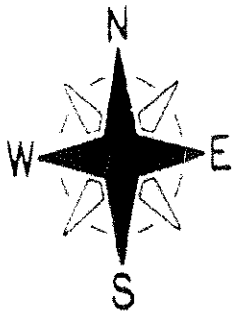
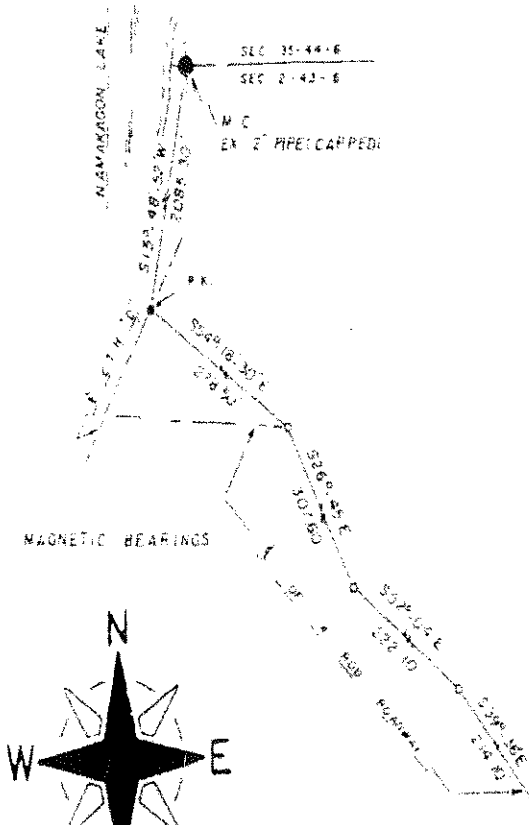
Issuance Information (County Use Only)		Sanitary Number: <i>446 802</i>	# of bedrooms: _____	Sanitary Date: <i>84</i>
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <i>14-0149</i>	Permit Date: <i>6-23-14</i>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Beed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Zoning District (<i>R-1</i>)			
<i>Well Staked. Meet all setbacks.</i>	Lakes Classification (<i>1</i>)			
Date of Inspection: <i>6-20-14</i>	Inspected by: <i>M. Fuchs</i>	Date of Re-Inspection: _____		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -If No they need to be attached.				
<i>May not be used for human habitation. No water under pressure in structure.</i>				
Signature of Inspector: <i>Michael Fuchs</i>	Date of Approval: <i>6-20-14</i>			
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

BAYFIELD CO CERTIFIED SURVEY NO 000326

336645

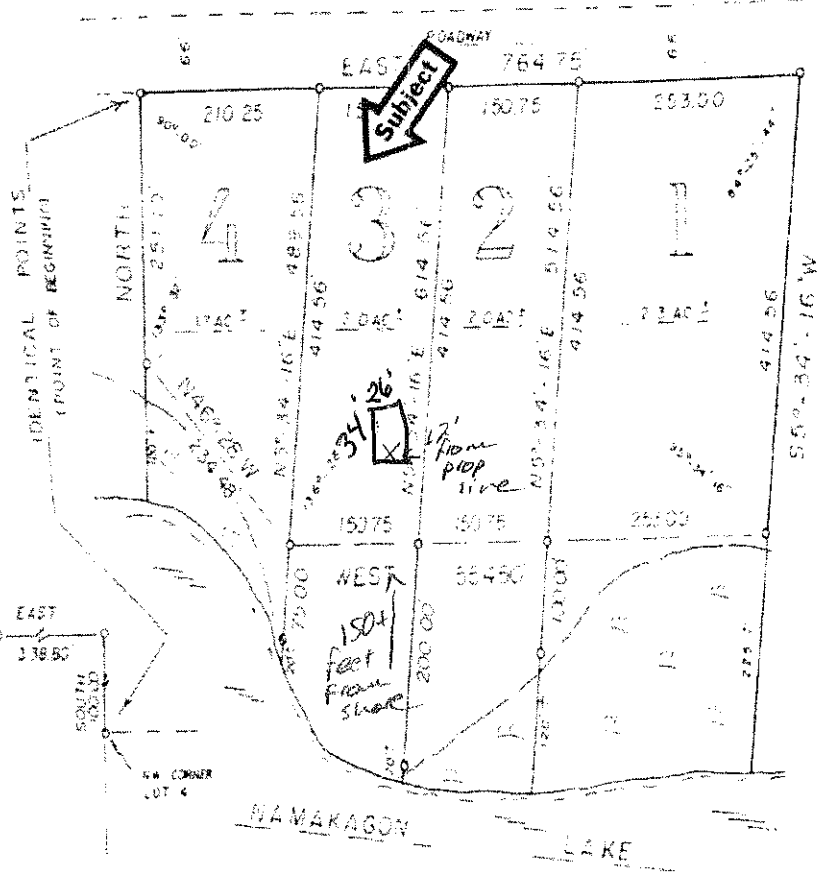
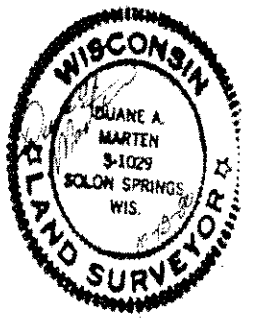
REGISTERS OFFICE } SS
Bayfield County, Wis.
RECORDED AT 8:15 A.M.
ON OCT 27 1980
Vol. 3 of CSM Page 159

Otto Korpela
REGISTER OF DEEDS



SCALE 1" = 150'

1/2" 1/2" 24" IRON PIPE
MIN. WT 113 LBS PER LIN. FT.



18 OCT. 1980

CERTIFIED SURVEY MAP

LOCATED IN THE
NE 1/4 - SE 1/4, SEC. 2-T43N-R6W, TOWN
OF NAMAKAGON, BAYFIELD COUNTY,
WISCONSIN

SHEET 1 OF 1

PH 3.00

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Bayfield Co. Zoning Dept.
 JUN 19 2014

ENTERED

Permit #:	14-0151
Date:	6-23-14
Amount Paid:	\$75 6-19-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name:	John and Nancy Rasmussen	Mailing Address:	6976 Center Dr. Eden Prairie, MN 55346	City/State/Zip:		Telephone:	
Address of Property:	34845 Garden Lk Rd.	City/State/Zip:	Cable, WI. 54821	Cell Phone:			
Contractor:	Terry Tansey	Contractor Phone:	715 534 5848	Plumber:		Plumber Phone:	
Authorized Agent:	(Person Signing Application on behalf of Owner(s))	Agent Phone:	715 534 5877	Agent Mailing Address (include City/State/Zip):		Written Authorization Attached:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-034-2-43-06-12-4 00 227 06 00 227 06 00	Recorded Document: (i.e. Property Ownership)	Volume 1103	Page(s) 379	
	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivisions: NAMA KOGON LAKE SHORE SUB
Section 12, Township 43 N, Range 10 W			3,215				Lot Size
<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: 30 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Non-Shoreland							

Value at Time of Completion * include donated time & material	\$3,600.00				
Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Sewer
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CAN VENTHAW</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
	<input checked="" type="checkbox"/> Deck (Sun) Rehab			<input type="checkbox"/> None	

Existing Structures: (if permit being applied for is relevant to it) Length: 64 Width: 44 Height: 1 story
 Proposed Construction: New Deck - Replacement Length: 29 Width: 19 Height: approx 6'6"

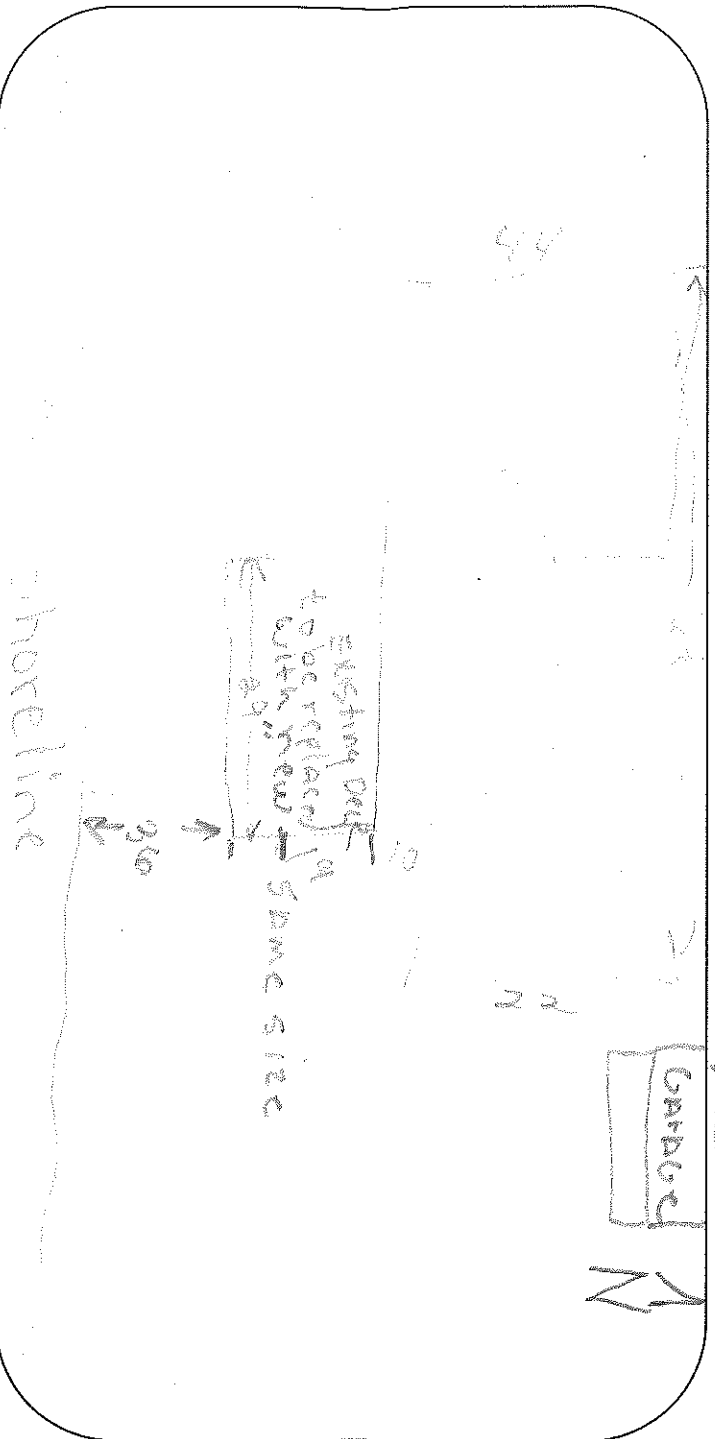
Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/>	with Loft	() X ()	
	<input type="checkbox"/>	with a Porch	() X ()	
	<input type="checkbox"/>	with (2 nd) Deck	() X ()	
	<input type="checkbox"/>	with a Deck	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	() X ()	
	<input type="checkbox"/>	Bunkhouse w/ () sanitary or () sleeping quarters, or () cooking & food prep facilities	() X ()	
	<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
	<input type="checkbox"/>	Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building (specify)	() X ()	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance		Special Use: (explain)	() X ()	
JUN 23 2014		Conditional Use: (explain)	() X ()	
Secretarial Staff		Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) 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 and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John and Nancy Rasmussen Date 6-21-14
 (If there are Multiple Owners listed on the Deed All Owners must sign in letters(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 13488 N Hollywood Ln Hayward WI. 54843 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on Your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 FT Feet	Setback from the Lake (ordinary high-water mark)	36 Feet
Setback from the Established Right-of-Way	190 FT Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	36 Feet	Setback from Wetland	15 FT Feet
Setback from the West Lot Line	10 FT Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	90 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	37 Feet	Setback to Well	15 Feet
Setback to Drain Field	30 FT Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 235474	# of bedrooms: 3	Sanitary Date: 6-14-95
Permit Denied (Date):	Reason for Denial:	Permit Date: 6-23-14	
Permit #: 14-0151			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record) (Fused/Contiguous Lot(s)) 36' FROM DRIVE	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: Were Property Lines Represented by Owner Was Property Surveyed	Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Date of Inspection: 6-23-14	Inspected by: M. Furtak	Zoning District (R-1)	Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)		Lakes Classification (1)	
Deck boards must be at least 1 1/4" apart to be exempt from impervious surface requirements. No increase in deck feet print. Replace / Repair existing deck.			
Signature of Inspector: Michael Furtak		Date of Approval: 6-24-14	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Mitigation / Stormwater addressed in permit # 04-0085