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

ENTERED

Date Stamp (Received)
RECEIVED
MAY 21 2018
Bayfield Co. Zoning Dept.

Permit #:	18-0160
Date:	6-4-18
Amount Paid:	$75 5-23-18
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.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → ☑ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____

Owner's Name: ROBERT COOKLOCK	Mailing Address: N1998 STH 35	City/State/Zip: HAGER CITY, WI	Telephone:
Address of Property: 44295 EAGLE PT DRIVE	City/State/Zip: CABLE, WI		Cell Phone:
Contractor: Rick YERHOT BUILDER	Contractor Phone: 507-273-8127	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) RICK YERHOT	Agent Phone: SAME	Agent Mailing Address (include City/State/Zip): 44405 EAGLE PT DR CABLE, WI 54821	Written Authorization Attached ☑ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 24571							Recorded Document: (i.e. Property Ownership) 826 466
_____1/4, _____1/4	Gov't Lot 11	Lot(s)	CSM	Vol & Page 826/466	Lot(s) No.	Block(s) No.	Subdivision:		
Section 10, Township 43 N, Range 06 W				Town of: NAMAKAGON			Lot Size 29000	Acreage .66	

☑ Shoreland →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? ☐ Yes ☐ No	Are Wetlands Present? ☑ Yes ☐ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 1200 feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
$20,000	☒ New Construction	☒ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☐ 2-Story	☒ SLAB	☐ 3	☒ Sanitary (Exists) Specify Type: TANK	☐ _____
	☐ Relocate (existing bldg)	☐ _____		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☒ None	☐ Portable (w/service contract)	
			☐ Year Round		☐ Compost Toilet	
	☐ _____		☐ _____		☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 28'	Width: 24'	Height: 13'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☑ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) _____	(X)	
	☐	Addition/Alteration (specify) _____	(X)	
☐ Municipal Use	☐	Accessory Building (specify) GARAGE	(28 X 24)	672
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
MAY 30 2018
Secretarial Staff

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): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 5/17/18
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 44405 EAGLE POINT DRIVE CABLE, WI 54821

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

Fill Out in Ink – NO PENCIL

(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

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**	41 Feet	Setback from the **Lake** (ordinary high-water mark)	150 Feet
Setback from the **Established Right-of-Way**	Feet	Setback from the **River, Stream, Creek**	Feet
		Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	~~30~~ 150 Feet		
Setback from the **South** Lot Line	~~30~~ 110 Feet	Setback from **Wetland**	+ 65 Feet
Setback from the **West** Lot Line	36 Feet	**20% Slope Area on the property**	☐ Yes ☑ No
Setback from the **East** Lot Line	36 Feet	Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	+ 75 Feet	Setback to **Well**	Feet
Setback to **Drain Field**	+ 75 Feet		
Setback to **Privy** (Portable, Composting)	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 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 18-0160	Permit Date: 6-4-18		

Is Parcel a Sub-Standard Lot	☑ Yes (Deed of Record) 272-114	☐ No	Mitigation Required	☐ Yes ☑ No	Affidavit Required ☐ Yes ☑ No
Is Parcel in Common Ownership	☐ Yes (Fused/Contiguous Lot(s))	☐ No	Mitigation Attached	☐ Yes ☑ No	Affidavit Attached ☐ Yes ☑ No
Is Structure Non-Conforming	☐ Yes _____	☐ No			

Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:	Previously Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:
Was Parcel Legally Created ☑ Yes ☐ No _____	Were Property Lines Represented by Owner ☑ Yes _____ ☐ No
Was Proposed Building Site Delineated ☑ Yes ☐ No _____	Was Property Surveyed ☐ Yes _____ ☐ No

Inspection Record: STAKED – H2O ↗ Not a wetland as per DNR

Zoning District (R-1)
Lakes Classification ( ))

Date of Inspection: 5/24/18 Inspected by: [signature] Date of Re-Inspection:

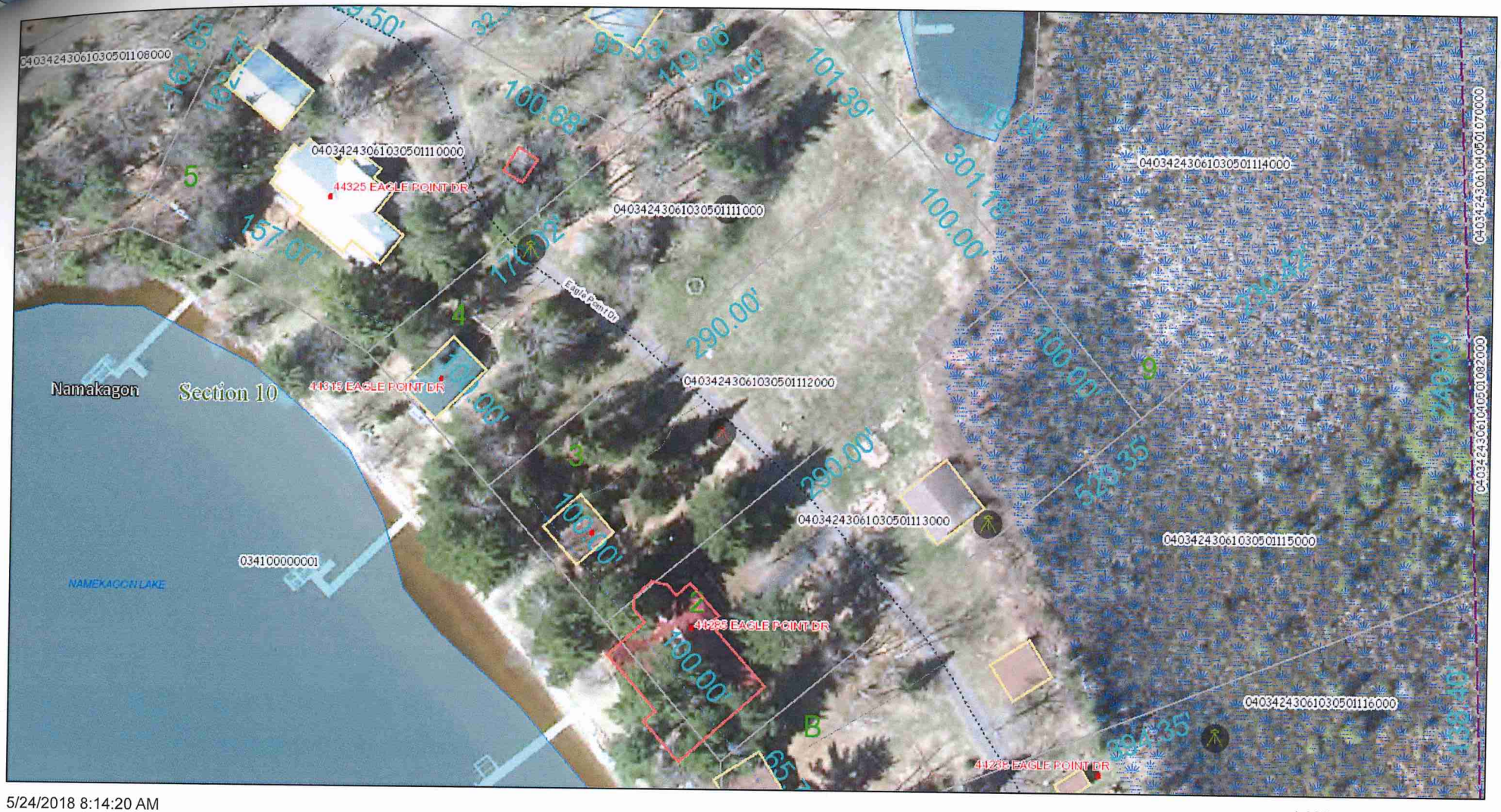
Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)

Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

Signature of Inspector: [signature] Date of Approval: 5/25/18

Hold For Sanitary: ☐ _____ Hold For TBA: ☐ _____ Hold For Affidavit: ☐ _____ Hold For Fees: ☐ _____ ☐ _____

Bayfield County Web AppBuilder



5/24/2018 8:14:20 AM

- Wetlands
- Ashland Co Parcels
- Douglas Co Parcels

Public Land

- Federal
- State
- County Other
- County Forest
- Municipal
- Managed Forest Land Entered After 2004 - Open
- Managed Forest Land Entered Before 2005 - Open
- Combined Managed Forest Land - MFL Open After 2004 and MFL Closed After 2004
- Combined Managed Forest Land - MFL Open Before 2005 and MFL Closed Before 2005
- Private Forest Crop Entered After 1971 - Open
- Private Forest Crop Entered Before 1972 - Open
- Rivers
- Lakes
- Tie Lines
- Meander Lines
- Approximate Parcel Boundary
- Section Lines
- Government Lot
- Municipal Boundary
- Red Cliff Reservation Boundary

All Roads

- Federal

1:625

0 0.01 0.01 0.03 mi

0 0.01 0.02 0.04 km

Bayfield County, Bayfield County Land Records

Web AppBuilder for ArcGIS
Bayfield County Land Records | Bayfield County |

...ge, State or Federal
...y Also Be Required

...USE – X
...NITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **18-0160** Issued To: **Robert & Kathleen Cooklock / Rick Yerhot, Agent**

Location: - ¼ of - ¼ Section **10** Township **43** N. Range **6** W. Town of **Namakagon**

Par in
Gov't Lot **11** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (28' x 24') = 672 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler
Authorized Issuing Official

June 4, 2018
Date

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

RECEIVED
Date Stamp (Received)
MAY 17 2018
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	18-0165
Date:	6-4-18
Amount Paid:	$300 5-18-18
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 → ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____

Owner's Name:	Mailing Address:	City/State/Zip:	Telephone:
Matt Nelson	2032 16.5 Ave.	Cameron Wi 54822	715-296-1137
Address of Property:	**City/State/Zip:**		Cell Phone:
45015 Chicago Ave.	Cable Wi 54821		
Contractor: Dale's Carpentry 715-763-3110	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Dale Ahlvin	Agent Phone: 715-763-3110	Agent Mailing Address (include City/State/Zip): 20405 S. Sweden Rd Grandview Wi	Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 25225	Recorded Document: (i.e. Property Ownership) 2008 521358

_____1/4, _____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
					4	6	Gottland Resort

Section 3, Township 43 N, Range 6 W	Town of:	Lot Size	Acreage
			0.43

☐ Shoreland →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? ☐ Yes ☐ No	Are Wetlands Present? ☐ Yes ☐ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
$ _____	☐ New Construction	☐ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☒ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: Trench	☒ Well
	☐ Conversion	☒ 2-Story	☐ Slab	☐ 3	☐ Sanitary (Exists) Specify Type: _____	☐ _____
	☐ Relocate (existing bldg)	☐ _____		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☑ None	☐ Portable (w/service contract)	
			☐ Year Round		☐ Compost Toilet	
	☐ _____		☐ _____		☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☑ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) _____	(X)	
	☑	Addition/Alteration (specify) Boat house foundation	(X)	No Increase
☐ Municipal Use	☐	Accessory Building (specify) _____	(X)	
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
JUN 04 2018
Secretarial Staff

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): _____ Date _____
(If there are Multiple Owners listed on the Deed **All** Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Dale P. Ahlvin Date 5-29-18
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 20405 S. Sweden Rd Grandview Wi 54839

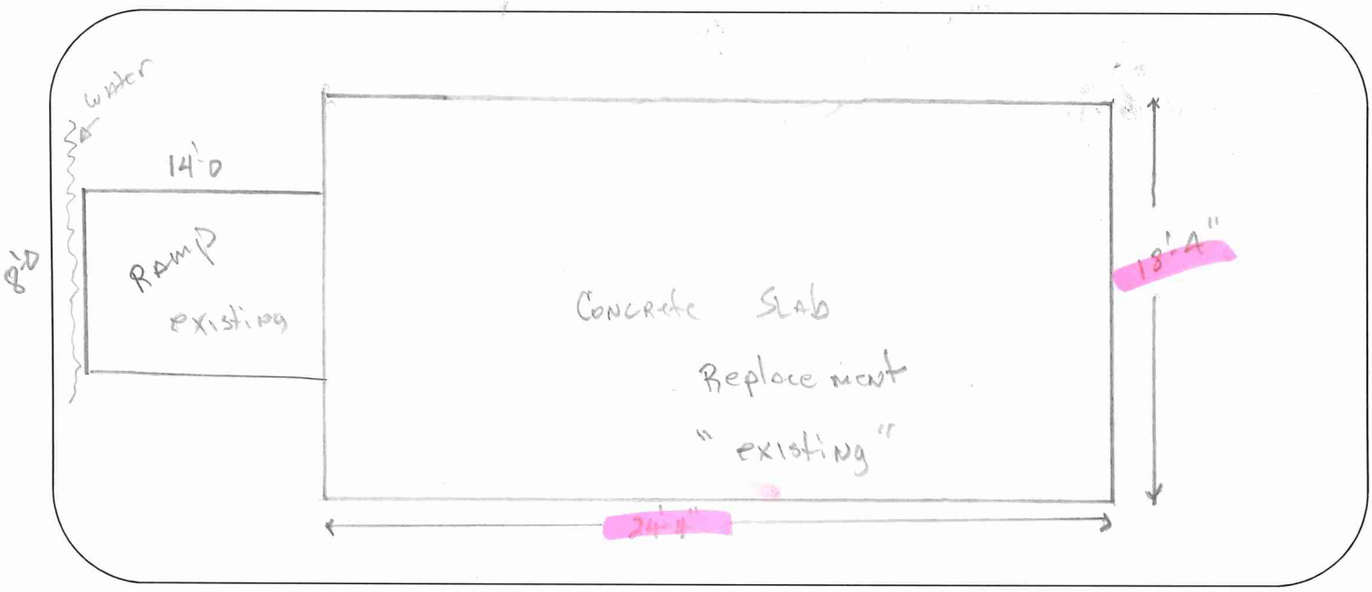
Attach
Copy of Tax Statement
If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NEEDS SETBACKS

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%**



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**	Feet		Setback from the **Lake** (ordinary high-water mark)	14 Feet
Setback from the **Established Right-of-Way**	100 Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	5 Feet			
Setback from the **South** Lot Line	40 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	0 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	100 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	40 Feet		Setback to **Well**	60 Feet
Setback to **Drain Field**	60 Feet			-
Setback to **Privy** (Portable, Composting)	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 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 18-0165	Permit Date: 6-4-18		

Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) _____ ☐ No Is Parcel in Common Ownership ☐ Yes (Fused/Contiguous Lot(s)) ☐ No Is Structure Non-Conforming ☐ Yes _____ ☐ No	Mitigation Required ☐ Yes ☑ No Mitigation Attached ☐ Yes ☑ No	Affidavit Required ☐ Yes ☑ No Affidavit Attached ☐ Yes ☑ No	
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		
Was Parcel Legally Created ☑ Yes ☐ No _____ Was Proposed Building Site Delineated ☑ Yes ☐ No _____	Were Property Lines Represented by Owner ☑ Yes _____ ☐ No Was Property Surveyed ☑ Yes _____ ☐ No		
Inspection Record: Replace Footings on Boathouse No other changes		Zoning District (RA) Lakes Classification (1)	
Date of Inspection: 5/24/18	Inspected by: AP	Date of Re-Inspection:	

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)

Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

Signature of Inspector: [signature] Date of Approval: 6/1/18

Hold For Sanitary: ☐ _____	Hold For TBA: ☐ _____	Hold For Affidavit: ☐ _____	Hold For Fees: ☐ _____	☐ _____

n, City, Village, State or Federal
ermits May Also Be Required

LAND USE – x
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **18-0165** Issued To: **Matthew & Candida Nelson / Dale Ahlvin, Agent**

Location: - ¼ of - ¼ Section **3** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **4** Block **6** Subdivision **Plat of Gottland Resort** CSM#

For: **Residential Accessory Structure Alteration: [1- Story; Boathouse Foundation (24' x 18') = 432 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler
Authorized Issuing Official

June 4, 2018
Date