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

ATF

RECEIVED
Date Stamp (Received)
MAR 27 2019
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	19-0057
Date:	4-12-19
Amount Paid:	$90 3-27-19 $90 3-27-19
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:	Mailing Address:	City/State/Zip:	Telephone:
John A Altmann	7951 CTY Hwy Q	Chippewa Falls	715-723-5486
Address of Property:	**City/State/Zip:**		Cell Phone:
61025 Beebe Rd	Mason WI 54856		715-828-8072
Contractor:	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	Legal Description: (Use Tax Statement)	Tax ID# 21184	Recorded Document: (Showing Ownership) 1119 974 290

SW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:

Section 17, Township 46 N, Range 05 W	Town of: Kelly	Lot Size	Acreage 40

☐ 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
$30,000	☒ New Construction	☐ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	☐ Well
	☐ Conversion	☐ 2-Story	☐ _____	☐ 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: 100'	Width: 50'	Height: 18'

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) Pole Shed	(X)	5000
	☐	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): John A Altmann Date 3-23-19
(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 _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 7951 CTY Hwy Q

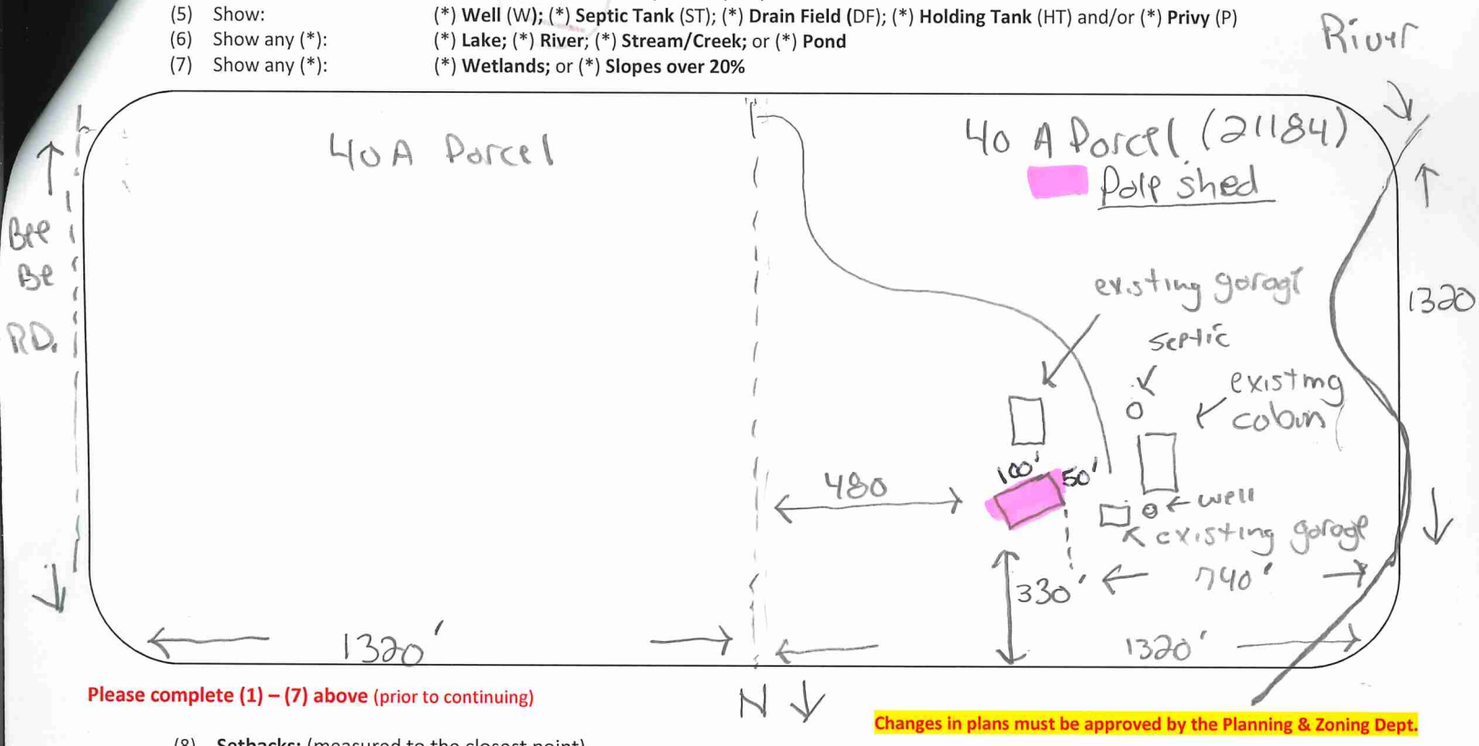
Attach Copy of Tax Statement
If you recently purchased the property send your **Recorded Deed**

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%**



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**	1800	Feet	Setback from the **Lake** (ordinary high-water mark)		Feet
Setback from the **Established Right-of-Way**	1800	Feet	Setback from the **River, Stream, Creek**	700	Feet
			Setback from the **Bank or Bluff**	550	Feet
Setback from the **North** Lot Line	330	Feet			
Setback from the **South** Lot Line	940	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	740	Feet	**20% Slope Area on the property**	☐ Yes	☐ No
Setback from the **East** Lot Line	486	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	250	Feet	Setback to **Well**	250	Feet
Setback to **Drain Field**		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.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 19-0057	Permit Date: 4-12-19		

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record) _____	☑ 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 ATF	Was Property Surveyed ☐ Yes _____ ☐ No
Inspection Record:	Zoning District (F1) Lakes Classification (—)
Date of Inspection: 4/11/19	Inspected by: [signature] Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions A	
Signature of Inspector: [signature]	Date of Approval: 4/11/19
Hold For Sanitary: ☐ _____ Hold For TBA: ☐ _____ Hold For Affidavit: ☐ _____ Hold For Fees: ☐ _____	☐ _____

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.

®®August 2017

(®Nov 2018)

City, Village, State or Federal
Permits May Also Be Required

After-the-Fact

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **19-0057** Issued To: **John Altmann**

Location: **SW** ¼ of **SW** ¼ Section **17** Township **46** N. Range **5** W. Town of **Kelly**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Pole Shed (100' x 50') = 5,000 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.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or 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

April 12, 2019
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)
APR 09 2019
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	19-0058
Date:	4-12-19
Amount Paid:	~~$225~~ 4-9-19
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 → [X] LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____

Owner's Name: John A Altmann	Mailing Address: 7951 CTY HWY Q	City/State/Zip: 54729 Chippewa Falls WI	Telephone: 715-723-5486
Address of Property: 61025 Beebe Rd.	City/State/Zip: Mason WI 54856		Cell Phone: 715-828-8072
Contractor:	Contractor Phone:	Plumber: Jeff Rasmussen	Plumber Phone: 715-798-3355
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached ☐ Yes [X] No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 21184	Recorded Document: (Showing Ownership) 1119 474-290

SW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:

Section 17, Township 46 N, Range 05 W	Town of: Kelly	Lot Size	Acreage 40

[X] Shoreland →	[X] 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: 150'-200' feet	Is Property in Floodplain Zone? ☐ Yes [X] No	Are Wetlands Present? ☐ Yes [X] 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
$75,000	☐ New Construction	☐ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	[X] Addition/Alteration	☐ 1-Story + Loft	[X] Foundation	☐ 2	[X] (New) Sanitary Specify Type: HT	[X] Well
	☐ Conversion	[X] 2-Story	☐ _____	[X] 3	[X] Sanitary (Exists) Specify Type: HT	☐ _____
	☐ Relocate (existing bldg)	☐ _____		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☐ None	☐ Portable (w/service contract)	
			[X] Year Round		☐ Compost Toilet	
	☐ _____		☐ _____		☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 28'	Width: 16'	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
[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)	
☐ Municipal Use	[X]	Addition/Alteration (specify) Adding on to front of Cabin	(X)	450
	☐	Accessory Building (specify) _____	(X)	
	☐	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): John A Altmann Date 4-8-19
(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 _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 7951 CTY HWY Q Chippewa Falls WI 54729

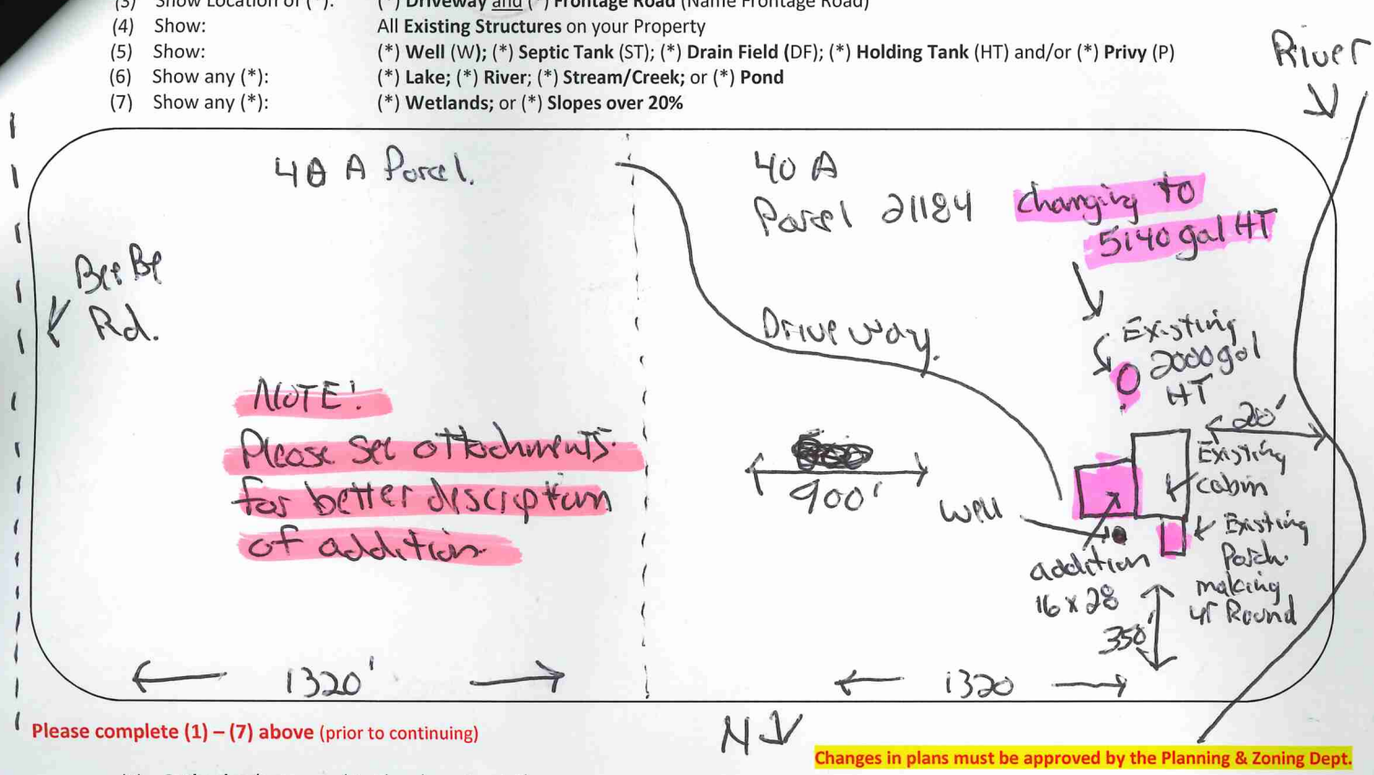
Attach Copy of Tax Statement
If you recently purchased the property send your **Recorded Deed**

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%**



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**	2220	Feet	Setback from the **Lake** (ordinary high-water mark)		Feet
Setback from the **Established Right-of-Way**	2220	Feet	Setback from the **River, Stream, Creek**	200	Feet
			Setback from the **Bank or Bluff**	75	Feet
Setback from the **North** Lot Line	350	Feet			
Setback from the **South** Lot Line	900	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	900	Feet	**20% Slope Area on the property**	☐ Yes	☐ No
Setback from the **East** Lot Line	900	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	20	Feet	Setback to **Well**	20	Feet
Setback to **Drain Field**		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.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 19-095	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 19-0058	Permit Date: 4-12-19		

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record) _____	☑ 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:		Zoning District (F-1) Lakes Classification ( )
Date of Inspection: 4/11/19	Inspected by: [illegible]	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 if required. *Must meet and maintain setbacks.*

Signature of Inspector: [illegible]				Date of Approval: 4/11/19
Hold For Sanitary: ☐ _____	Hold For TBA: ☐ _____	Hold For Affidavit: ☐ _____	Hold For Fees: ☐ _____	☐ _____

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **19-09S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **19-0058** Issued To: **John Altmann**

Location: **SW** ¼ of **SW** ¼ Section **17** Township **46** N. Range **5** W. Town of **Kelly**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Front Addition (28' x 16') = 450 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 If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or 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

April 12, 2019
Date