

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)
 JUL 08 2013
 Bayfield County Zoning Dept.
 04-78

| | |
|--------------|---------------|
| Permit #: | 13-0188 |
| Date: | 7-15-13 |
| Amount Paid: | 78-13 1875 |
| Refund: | |

ENTERED

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: Steven Reedblad Mailing Address: 34345 So Co Hwy I Bayfield WI, 54814 Telephone: 715-779-5151

Address of Property: 34345 So. Co. Hwy I Ctry/State/Zip: Bayfield WI 54814 Call Phone: 715-292-0040

Contractor: SELF Contractor Phone: Plumber: 715 5494 Plumber: Plumber: Plumber Phone: Plumber:

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) W 1/2, DE NW 1/4 PIN: (23 digits) 04-006-2-5B of 22 2-01 000 30000 Recorded Document: (i.e. Property Ownership) 342 Page(s) 351A

Section 22, Township 50 N, Range 4 W Vol & Page 342/135 Lot(s) No. Black(s) No.: Subdivision: Lot Size 20 acres Acreage

Shoreland Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue

Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: feet 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 |
|--|---|--|-------------------------------------|--|---|--|
| \$ <u>30000.00</u> | <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 checked="" type="checkbox"/> Addition/Alteration | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: <u> </u> | <input checked="" type="checkbox"/> Well |
| | <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>ST</u> | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing blg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <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 type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> None | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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 |
|-------------------------------------|---|-----------------------------------|----------------|
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | with Loft | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | with a Porch | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | with (2 nd) Porch | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | with a Deck | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | with (2 nd) Deck | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | with Attached Garage | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Bunhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Mobile Home (manufactured date) <u> </u> | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Addition/Alteration (specify) <u> </u> | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Accessory Building (specify) <u> </u> | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) <u>addition to barn</u> | (<u>12</u> X <u>32</u>) | <u>384</u> |
| <input type="checkbox"/> | Special Use: (explain) <u> </u> | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Conditional Use: (explain) <u> </u> | (<u> </u> X <u> </u>) | <u> </u> |
| <input type="checkbox"/> | Other: (explain) <u> </u> | (<u> </u> X <u> </u>) | <u> </u> |

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

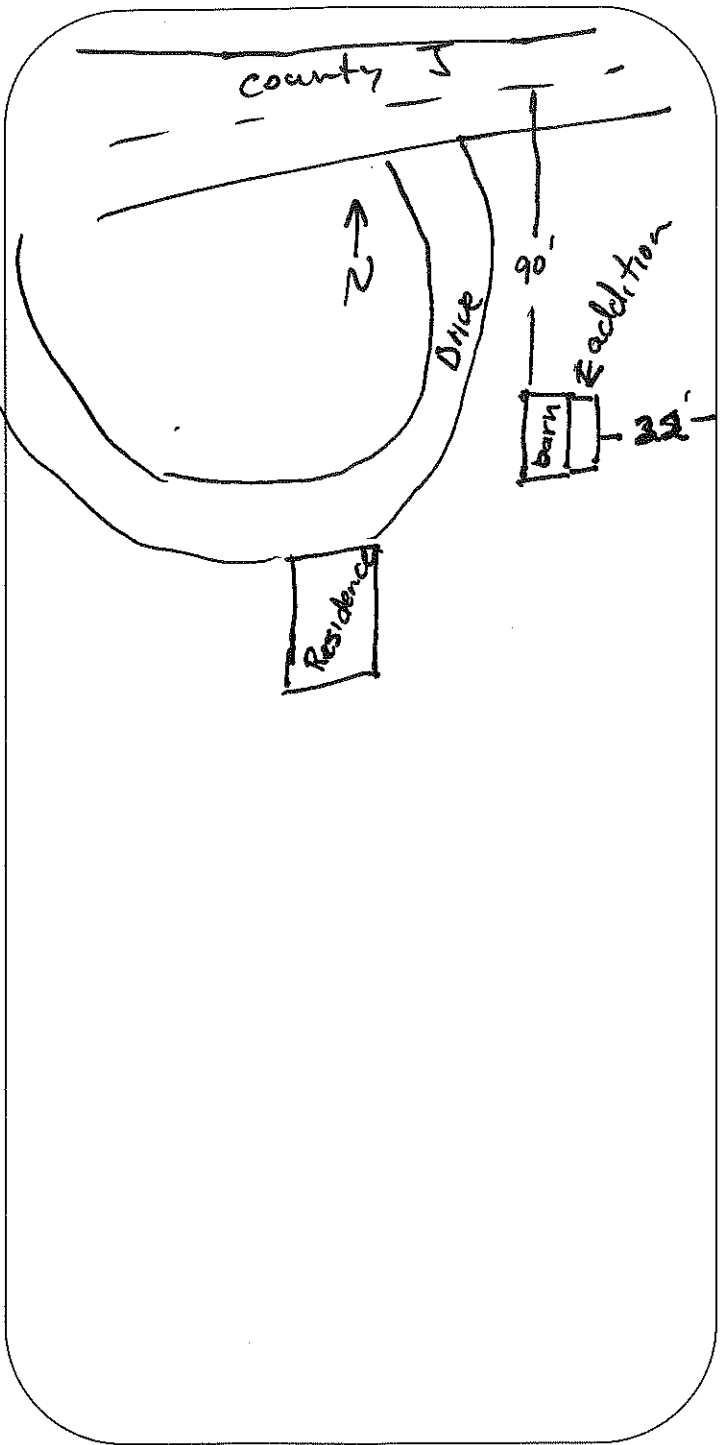
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) 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): Steven Reedblad Date 7-6-13
 (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) **Attach**
 Address to send permit Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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 (*): (**) 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 | 90 Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 90 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 1190 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 600 Feet | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | 32 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 125 Feet | Setback to Well | Feet |
| Setback to Drain Field | 250 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 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: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | N/A | N/A |
| Permit #: 13-0185 | | Permit Date: | 7-15-13 | |
| Is Parcel a Sub-Standard Lot: | <input type="checkbox"/> Yes (Deed 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 Lot(s)) | <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 | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: N/A | Case #: N/A | Were Property Lines Represented by Owner Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Inspected by: John Conroy Murphy | Zoning District | (R-2B) |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Inspected by: John Conroy Murphy | Lakes Classification (N/A) | (N/A) |
| Inspection Record: TRACER on a new REPRESENTATION, ADDITION APPROVED to BE CODE COMPLIANT. | | Date of Re-Inspection: | N/A | |
| Date of Inspection: 7-11-13 | | Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) | | |
| Addition requires to BE AT LEAST 10 ft from property line including etc. | | | | |
| Signature of Inspector: | | Date of Approval: 7-12-13 | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | 12288 |

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
 JUL 15 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0107
 Date: 7-16-13
 Amount Paid: \$907-15-13
 Refund:
 \$9000

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/dsp)

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

Owner's Name: ANDREW J. LONG JR. Mailing Address: 35495 OLD MILITARY RD BAYFIELD WI 54814 Telephone: 715-779-3443

Address of Property: SAWE City/State/Zip: SAWE Contractor Phone: 715-209-0837

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

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4 SEC 1/4 SW 1/4 LESS VACATED P. 271 PIN: (23 digits) 04 006 256 0414 3 64 000 10000 Recorded Document: (i.e. Property Ownership) 154 Page(s) 537

Section 14, Township 50 N, Range 4 W Town of: BAYFIELD Lot Size 14.5 Acreage 14.5

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? NO If Yes---continue NO

Is Property/Land within 1000 feet of Lake, Pond or Flowage? NO If Yes---continue NO

Distance Structure is from Shoreline: NO feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: NO feet 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 |
|--|---|---|---|--|---|---|
| \$39,000 | <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement | <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>COLLY</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input type="checkbox"/> CITY <input checked="" type="checkbox"/> Well |

Existing Structure: (If permit being applied for is relevant to it) Length: 40 Width: 24 Height: 8.5

Proposed Construction: Length: _____ Width: _____ Height: _____

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|--|--|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage | (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) | () () () () () () () () |
| <input type="checkbox"/> Commercial Use | Bunhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (<input type="checkbox"/> X) | () |
| <input type="checkbox"/> Municipal Use | Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) <u>GARAGE</u> Accessory Building Addition/Alteration (specify) _____ | (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<u>24 X 40</u>) (<input type="checkbox"/> X) | () () (<u>960</u>) () |
| Rec'd for Issuance | Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____ | (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) | () () () |
| JUL 16 2013 | | | |

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

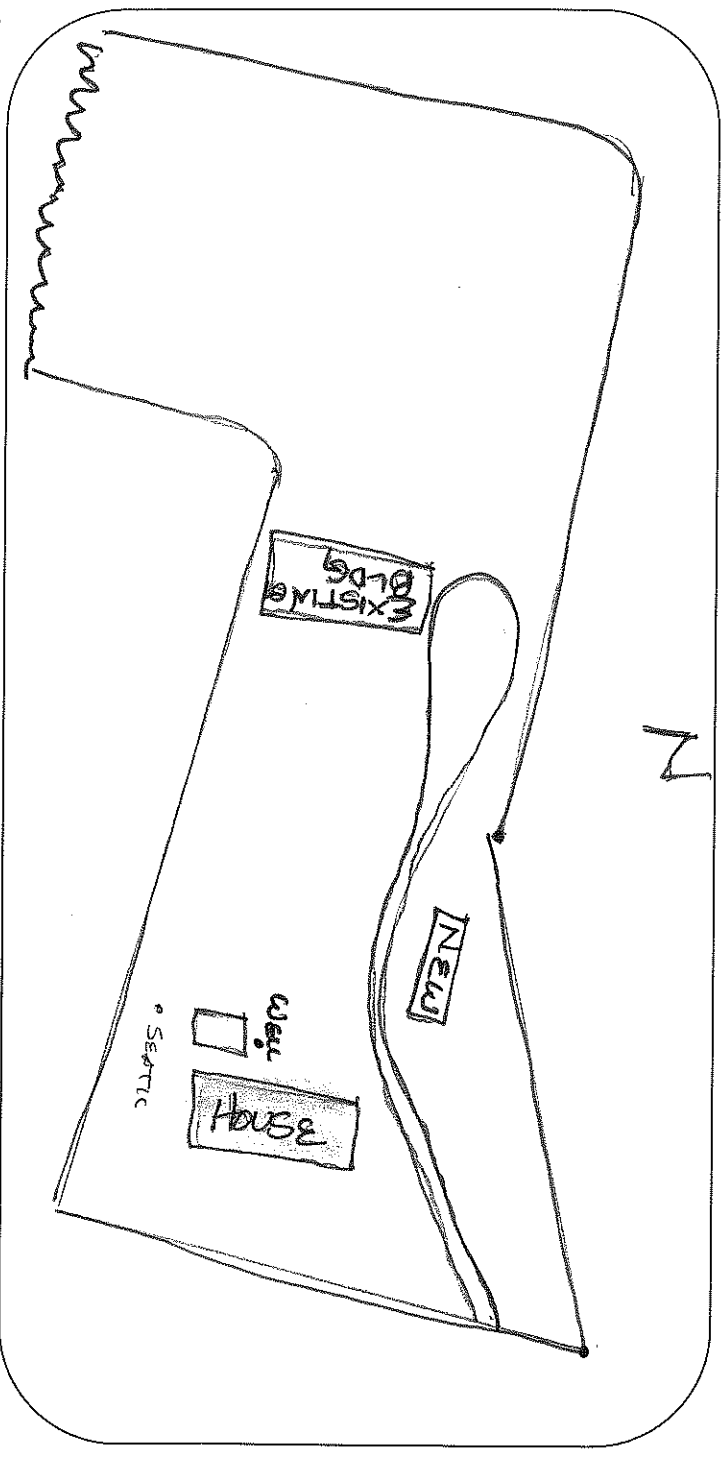
Owner(s): ANDREW J. LONG JR. Date 15 JUL 2013
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 35495 OLD MILITARY RD BAYFIELD, WI 54814 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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 | + 190 Feet | Setback from the Lake (Ordinary high-water mark) | — Feet |
| Setback from the Established Right-of-Way | — Feet | Setback from the River, Stream, Creek | — Feet |
| Setback from the North Lot Line | NO 31 Feet | Setback from the Bank or Bluff | — Feet |
| Setback from the South Lot Line | 480 Feet | Setback from Wetland | — Feet |
| Setback from the West Lot Line | + 400 Feet | Setback from 20% Slope Area | — Feet |
| Setback from the East Lot Line | 161 Feet | Elevation of Floodplain | — Feet |
| Setback to Septic Tank or Holding Tank | 140 Feet | Setback to Well | 130 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 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: | N/A | | # of bedrooms: | N/A | | Sanitary Date: | N/A | |
| Permit Denied (Date): | | Reason for Denial: | | | | | | | | |
| Permit #: 13-0187 | | Permit Date: 7-16-13 | | | | | | | | |
| <input type="checkbox"/> Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming | | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) | <input checked="" type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | | Case #: N/A | Previously Granted by Variance (B.O.A.) | | Case #: N/A | | | | | |
| <input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Inspection Record: owner present during inspection to represent nearest property line. | | | | | | | | | | |
| Date of Inspection: 7-15-13 | | Inspected by: [Signature] | | Zoning District: (Ag-1) | | Date of Re-inspection: (N/A) | | | | |
| Condition(s) own, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached) | | Structure, including one, shall be at least 30 ft from all property lines. | | | | | | | | |
| Signature of Inspector: [Signature] | | | | | | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | | Hold For Fees: <input type="checkbox"/> | | Date of Approval: 7-15-13 | | | | |