

**SUBMIT - COMPLETED APPLICATION - TAX STATEMENT AND FEES 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 25 2014  
 Date Stamp (Received)

**ENTERED**  
 Permit #: 14-0210  
 Date: 7-22-14  
 Amount Paid: \$150.00  
 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: Leon Mettling Mailing Address: 15030 Zedlite St. NW City/State/Zip: Anoka, MN 55303 Telephone: (763) 442-3334  
 Address of Property: 55335 Paracrine Trail N/A City/State/Zip: Barnes, WI Cell Phone: (763) 442-3100  
 Contractor: N/A (Self + Son Mettling) Contractor Phone: 763 442 3100 Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Name: Self Agent Phone: 5612 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached:  Yes  No

PROJECT LOCATION: Cherokee Apts to Paracrine / Lot 8 PIN: (23 digits) 04-004-2-45-09-18-4-00-NW-08000 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) \_\_\_\_\_  
 Gov't Lot: \_\_\_\_\_ Lot(s): 8 CSM: 1 Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_  
 Section: 1B, Township: 45 N, Range: 9 W Town of: Barnes Lot Size: \_\_\_\_\_ Acreage: 1.8899

Shoreland  Non-Shoreland

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

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Floodplain: 160' ~~100'~~ Plus feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 50,000	<input type="checkbox"/> New Construction <input checked="" 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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u> <input type="checkbox"/> Privy (Pit) or 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: 30 Width: 36 Height: \_\_\_\_\_  
 Proposed Construction: Length: 25 Width: 30 Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <u>26</u> x <u>30</u> )	<u>780</u>
	Residence (i.e. cabin, hunting shack, etc.)	( <u>26</u> x <u>30</u> )	<u>780</u>
	with Loft	( <u>26</u> x <u>30</u> )	<u>780</u>
	with a Porch	( <u>26</u> x <u>30</u> )	<u>780</u>
	with (2 <sup>nd</sup> ) Deck	( <u>30</u> x <u>131</u> )	<u>360</u>
	with Attached Garage	( <u>30</u> x <u>30</u> )	<u>900</u>
<input type="checkbox"/> Commercial Use	Bunthouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> x <u>  </u> )	<u>  </u>
	Mobile Home (manufactured date)	( <u>  </u> x <u>  </u> )	<u>  </u>
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Adding Bedroom/Closets/Bathroom w/HD</u>	( <u>25</u> x <u>20</u> )	<u>500sq. ft</u>
	Accessory Building (specify) <u>Garage - existing</u>	( <u>30</u> x <u>30</u> )	<u>900</u>
	Accessory Building Addition/Alteration (specify) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	Special Use: (explain) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	Conditional Use: (explain) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	Other: (explain) <u>Loft above garage - existing</u>	( <u>30</u> x <u>30</u> )	<u>900</u>

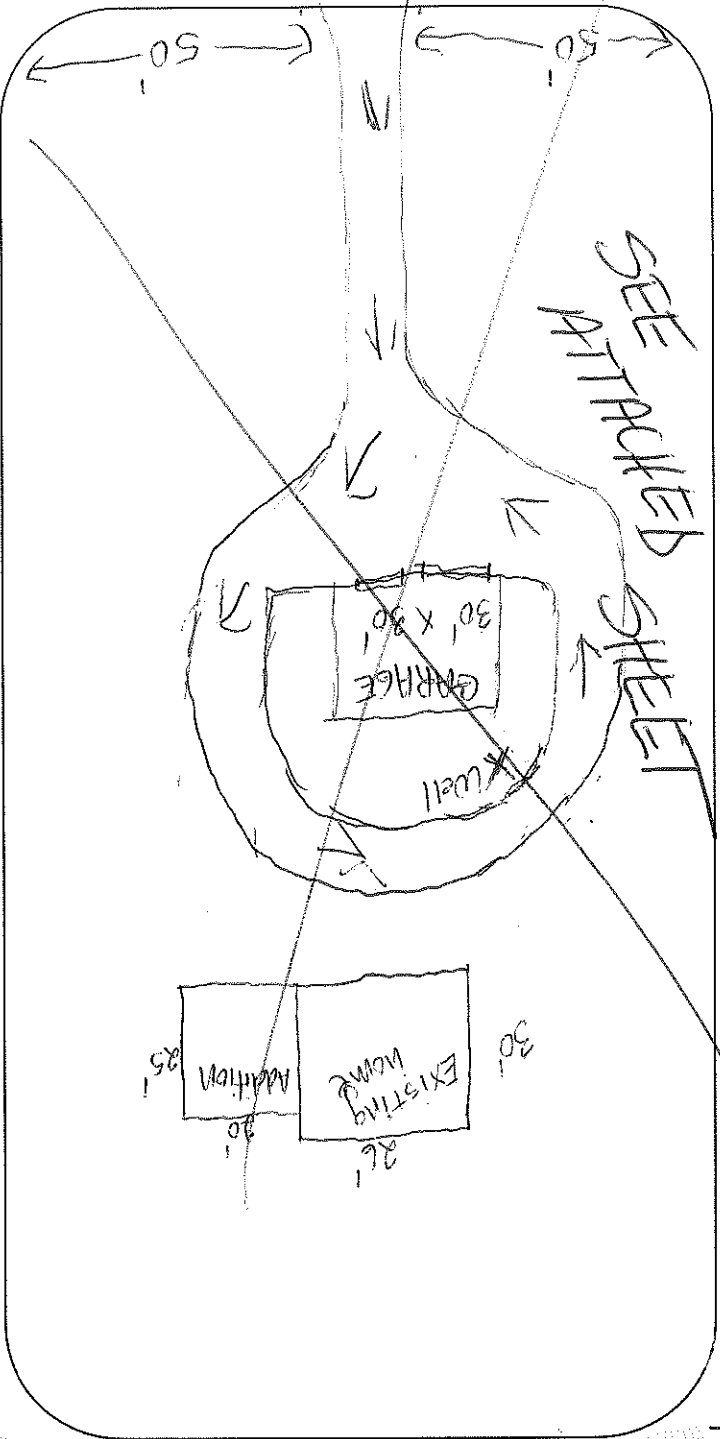
Record for Issuance: JUL 22 2014

Secretary Staff: \_\_\_\_\_  
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I hereby declare that this application and 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): Leon & Son Mettling Date: 6/24/14  
 Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address to send permit: same as above  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 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)

(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	150 Feet	Setback from the Lake (ordinary high-water mark)	100' Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Buff	N/A Feet
Setback from the South Lot Line	69 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	167 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	132 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	30 Feet
Setback to Drain Field	60 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 Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

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

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 297991	# of bedrooms: 2	Sanitary Date: 1-22-1998
Permit Denied (Date):	Reason for Denial:			
Permit #: 14-0810	Permit Date: 9-22-14			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Need of Record)	<input 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	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		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:	Meets all setbacks.			
Date of Inspection: 6-24-14	Inspected by: M. Trutala		Zoning District: (R-1)	
			Lakes Classification: (S)	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)				
Signature of Inspector: Michael Trutala	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
				Date of Approval: 7-21-14

\* LAKE

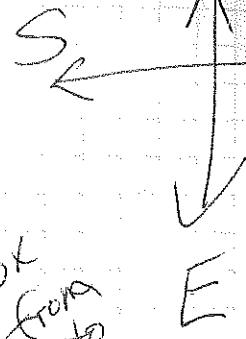
LAKE

155' from end of deck to Lake

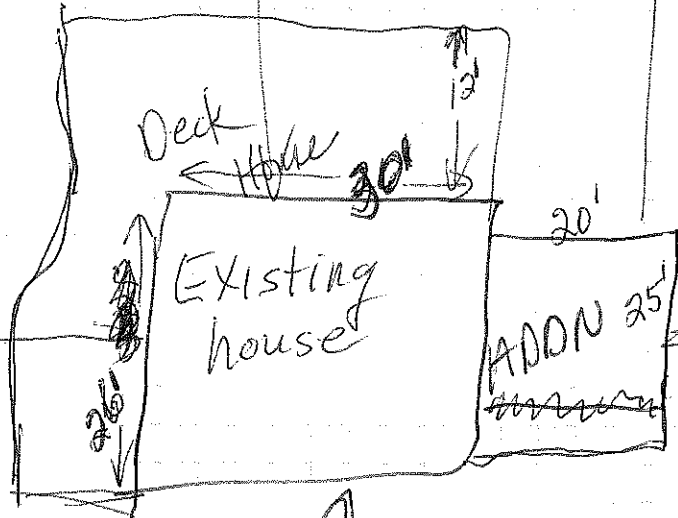
167' from house to Lake

approx 172' from Addn to Lake

Septic



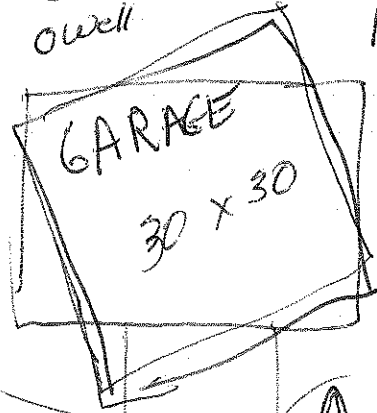
69' to property line from house



75' to Property Line

well

100' from Garage to house



62 1/2' to property line

132' From Garage to Road

\* PORCUPINE TRAIL 61'

148' of property on road

below: Draw (1) Show (2) Show (3) Show (4) Show (5) Show (6)

lex Viewer

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  
 JUL 07 2014  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0215
Date:	7-25-14
Amount Paid:	\$96 7-9-14
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:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **ROBERT AND DAWN BONAN** Mailing Address: **928 GREENWOOD DRIVE, MN. 55811** Telephone: **218-310-4887**

Address of Property: **2190 LAKEVIEW ROAD** City/State/Zip: **BARNES, WI. 57873** Cell Phone:

Contractor: **RUSS SMITH CONSTRUCTION** Contractor Phone: **715-462-4170** Plumber: **—** Plumber Phone: **—**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **RUSSELL BONAN** Agent Phone: **715-462-4170** Agent Mailing Address (include City/State/Zip): **9032W COUNTY RD B, HARVARD** Written Authorization Attached  Yes  No

PROJECT LOCATION: **NW 1/4, NW 1/4** Gov't Lot: **5** Lot(s): **4** CSM: **4** Vol & Page: **84-85** Lot(s) No.: **—** Block(s) No.: **40000** Subdivision: **—** Recorded Document: (i.e. Property Ownership) **1116** Volume: **—** Page(s): **674**

Section: **20**, Township: **44** N, Range: **9** W Town of: **BARNES** Lot Size: **200' x 400'** Acreage: **1.9**

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? **—** Distance Structure is from Shoreline: **OVER 300'** feet **—** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage **—** Distance Structure is from Shoreline: **OVER 300'** feet **—** feet

If Yes--continue **—** If Yes--continue **—**

Non-Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <b>32,000</b>	<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 checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>GRV</b> <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> DETACH GARAGE <input checked="" type="checkbox"/> COMPLETE SLAB					

Existing Structure: (if permit being applied for is relevant to it) Length: **40'-0"** Width: **28'-0"** Height: **18'-0"**

Proposed Construction: Length: **40'-0"** Width: **28'-0"** Height: **18'-0"**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	        
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	  
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <b>28'x40' DETACHED STEEL FRAME GARAGE</b> <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input checked="" type="checkbox"/> 28' X 40' ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	 <b>1120.0</b>  
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	   
<b>JUL 25 2014</b>			

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

The undersigned, 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) letter(s) of authorization must accompany this application)

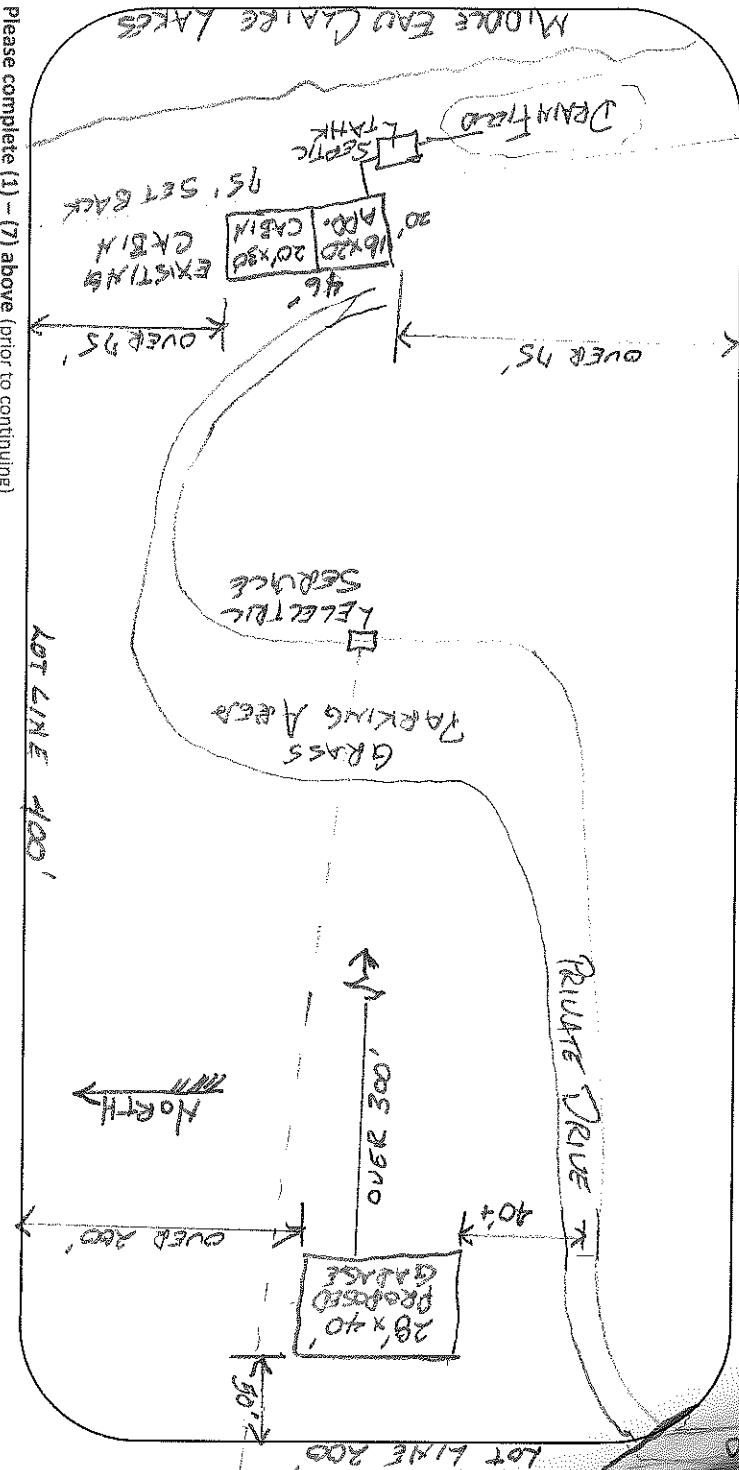
Authorized Agent: **Russell Bonan - Russ Smith Construction** Date **7-2-2014** Attach **Copy of Tax Statement**

Address to send permit **9032W COUNTY ROAD B, HARVARD WI. 57873** 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)

- (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%**



(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)	OVER 300' Feet
Setback from the Established Right-of-Way	60' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	OVER 200' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	40' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50' Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	OVER 300' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	OVER 200' Feet	Setback to Well	OVER 200' Feet
Setback to Drain Field	OVER 200' 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Permit #: **14-0915** Permit Date: **7-25-14**

Is Parcel a Sub-Standard Lot  Yes  No

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lots)  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

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Inspection Report: **Well staked. Meets all setbacks.**

Date of Inspection: **7-22-14** Inspected by: **M. Fustala**

Zoning District: **(R-1)**

Lakes Classification: **(1)**

Date of Re-Inspection: \_\_\_\_\_

Conditions of Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

*May not be used for human habitation. No water under pressure in structure.*

Signature of Inspector: **Michael Fustala** Date of Approval: **7-24-14**

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_