

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

Permit #:	16-0015
Date:	1-25-16
Amount Paid:	\$975
Retund:	1-25-16

Date Stamp (Received)  
**RECEIVED**  
 NOV 04 2015  
 SR IR OFFICE THE

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: Tom L Nicoletti Lanth Mailing Address: 73555 Cobbleway A Iron River, WI 54847 Telephone: 715-372-4884

Address of Property: 7805 W Mill St City/State/Zip: Iron River WI 54847 Cell Phone: 715-292-2689

Contractor: Gary Wade Contractor Phone: 715-372-4941 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) 1/4, 1/4 Gov't Lot 1/4 Lot(s) 1/4 CSM 024-22-47-087-400 Vol & Page 2-18000 Lot(s) No. 024 Block(s) No. 024 Subdivision: 024-22-47-087-400 Recorded Document: (i.e. Property Ownership) 931 Page(s) 620 1031

Section 07, Township 47N, Range 08W Town of: Iron River Lot Size - Acreage .241

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

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage → If yes—continue → Distance Structure is from Shoreline: - feet 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
\$ <u>9000.00</u>	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>-</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>-</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 checked="" type="checkbox"/> City <input type="checkbox"/> Well
	<input checked="" type="checkbox"/> Existing Structure: (if permit being applied for, is relevant to it)		Length: <u>35</u> Width: <u>18</u> Height: <u>14</u>			

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

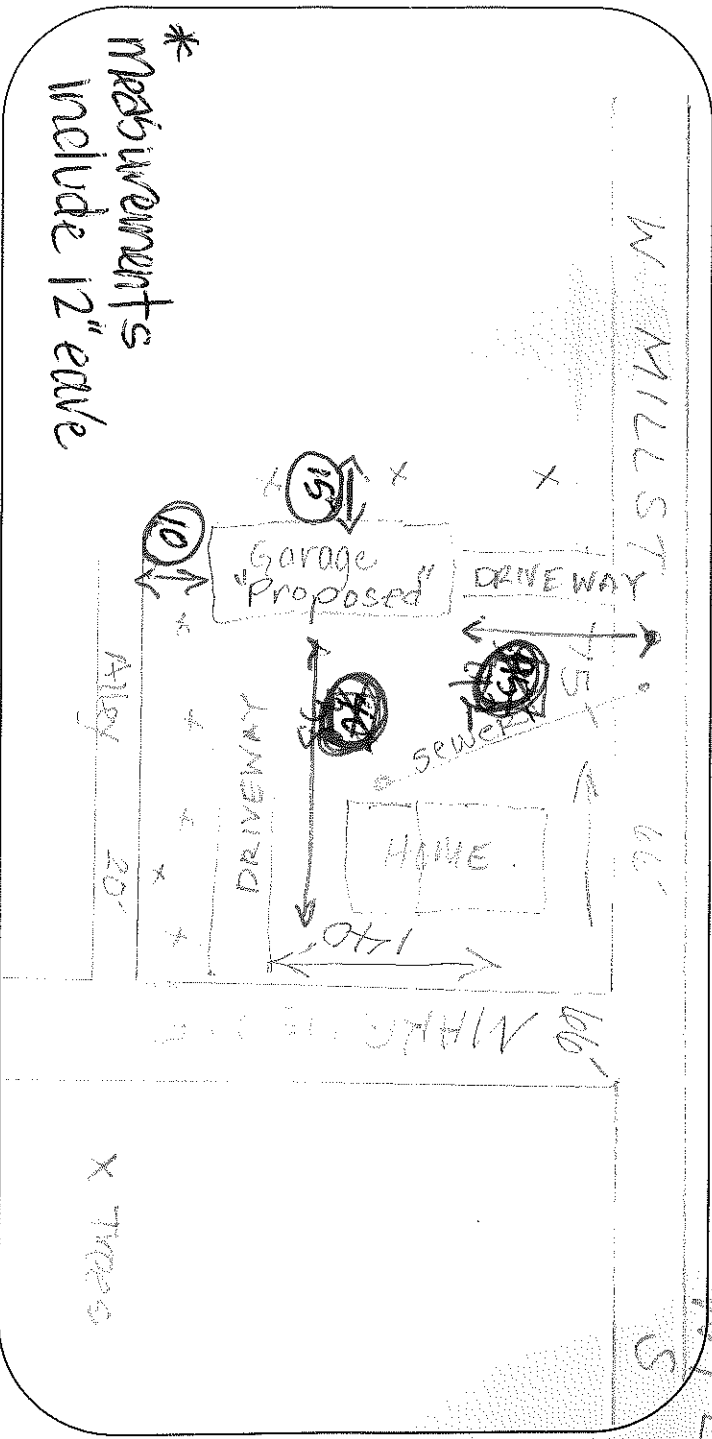
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Tom Nicoletti Date 11-2-15  
 (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 - Attach  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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) *on plot plan*

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	20' alley Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	10' alley Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	4' 2" Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	10' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	15' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	38' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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.

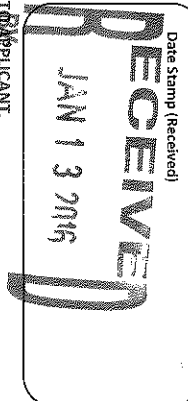
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason For Denial:			
Permit #: <b>16-005</b>		Permit Date: <b>1-22-16</b>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Case #:		Case #:		Date of Re-inspection:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <i>Required property lines marked by ELS for 12" eave from applications.</i>					
Date of Inspection: <b>11-18-15 + 1-13-16</b>		Inspected by: <b>J. Greenberg - Municipality</b>		Zoning District: <b>12-4</b>	
Condition(s): <i>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.</i>					
<i>Builder share not BE USED FOR THE WORK FABRICATION OR SUPPLY PURPOSES. ALL PARTS OF THE BUILDING, INCLUDING EYES, SHALL BE 10 FT FROM ALL RIGHTS &amp; PROPERTY.</i>					
Signature of Inspector: <i>[Signature]</i>		Date of Approval: <b>1-22-16</b>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN



Permit #:	16-0516
Date:	1-25-16
Amount Paid:	\$475
Refund:	1-25-16

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 BY APPLICANT.

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

Owner's Name: **Eric Polkoski, Lettie Polkoski**  
 Address of Property: **68900 Fire Lake Rd**  
 City/State/Zip: **Iron River WI 54847**  
 Telephone: \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Contractor Phone: **Plumber: David Polkoski**  
 Agent Phone: \_\_\_\_\_  
 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_  
 Plumber Phone: **(715) 577-8595**  
 Written Authorization Attached  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) \_\_\_\_\_

PROJECT LOCATION: **NE 1/4, NE 1/4**  
 Legal Description: (Use Tax Statement) \_\_\_\_\_  
 PIN: (23 digits) **04-024-2-47-08-08-1-01-000-1000**  
 Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Section **8**, Township **47** N, Range **8** W  
 Town of: **Iron River**  
 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  If yes--continue

Non-Shoreland  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  
 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
\$100,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>Septic</b>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<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 type="checkbox"/> _____	<input type="checkbox"/> None	<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"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <b>28 X 58</b> )	( <b>2204</b> )
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <b>130 X 30</b> )	( <b>900</b> )
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Accessory Building (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Rec'd for Issuance	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	( <input type="checkbox"/> )

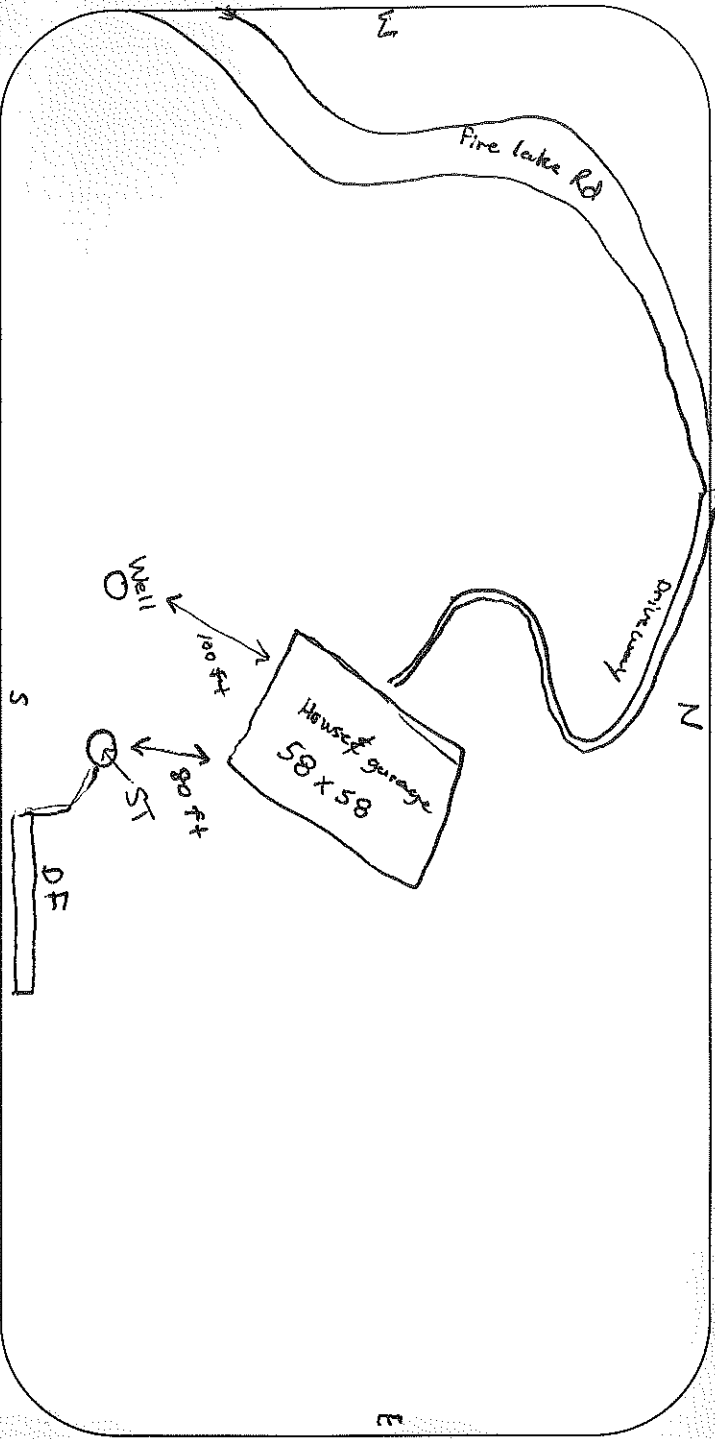
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): **Eric Polkoski** **Lettie M. Polkoski**  
 Date **1-10-16**  
 Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 Address to send permit: \_\_\_\_\_  
 Attach 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 (\*): (\* ) 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)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	980 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	360 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1,190 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	80 to 90 Feet	Setback to Well	100 ft Feet
Setback to Driveway (Portable, Composting)	120 to 130 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: 1633947	# of bedrooms: 2	Sanitary Date: 10-30-11
Permit Denied (Date):	Reason for Denial:			SEE TOWNS + LAND AFF
Permit #: 16-0516	Permit Date: 1-05-16	FOR 3 BR. HOME		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	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: MOBILE HOME REMOVED NEW HOUSE CONVERTED TO OLD SANITARY.	Inspected by: JENNIFER MURPHY			DATE OF RE-INSPECTION: 7-11
Date of Inspection: 1-3-16				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)				
SEE CONDITIONS OF TOWNS + LANDS AFFIDAVIT - UDC PERMIT + INSPEC TOWN REVIEW				
Signature of Inspector: _____				Date of Approval: 1-25-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	