

STATEMENT: 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
 MAR 06 2017
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 17-0048
 Date: 3-14-17
 Amount Paid: \$900 3-6-17
 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 PERMIT FEES HAVE BEEN ISSUED TO APPLICANT.

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

Owner's Name: Gary + Jodie Larson Mailing Address: 1138BUCCOPHUSA Below Rd: 53511 Telephone: 815-871-7187

Address of Property: Blue Gill Bay Rd City/State/Zip: Town of Numa Kagon WI: 54821 Call Phone: 815-4942832

Contractor: STUE TRUDE Contractor Phone: 7158654602 Plumber: Rick's Plumbing Plumber Phone: 7156359759

Authorized Agent: NH Agent Phone: NH Agent Mailing Address (include City/State/Zip): NH Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4 SW 1/4 Legal Description: (Use Tax Statement) 34228 34229 Tax ID# (4-5 digits) 34228 Document #: 2017 R-506949

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

Section 2, Township 43 N, Range 4 W Town of: NUMA KAGON Lot Size: 11.48 Acreage

Shoreland Non-Shoreland

Distance Structure is from Shoreline: 75 feet
 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 75 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?	Master
\$ <u>300,000</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 type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u>	<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 type="checkbox"/> No Basement	<input type="checkbox"/>	<input 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"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 75 Width: 40 Height: 32

Proposed Construction: Length: 75 Width: 40 Height: 32

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(<u>40</u> x <u>75</u>)	<u>2994</u>
	<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 nd) Porch	() ()	
	<input type="checkbox"/> with a Deck	() ()	
	<input type="checkbox"/> with (2 nd) Deck	() ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	
	<input type="checkbox"/> Mobile Home (manufactured date)	() ()	
	<input type="checkbox"/> Addition/Alteration (specify)	() ()	
	<input type="checkbox"/> Accessory Building (specify)	() ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() ()	
	<input type="checkbox"/> Special Use: (explain)	() ()	
	<input type="checkbox"/> Conditional Use: (explain)	() ()	
	<input type="checkbox"/> 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): Gary Larson Jodie Larson Date 2/20/17
 (If there are Multiple Owners, list on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

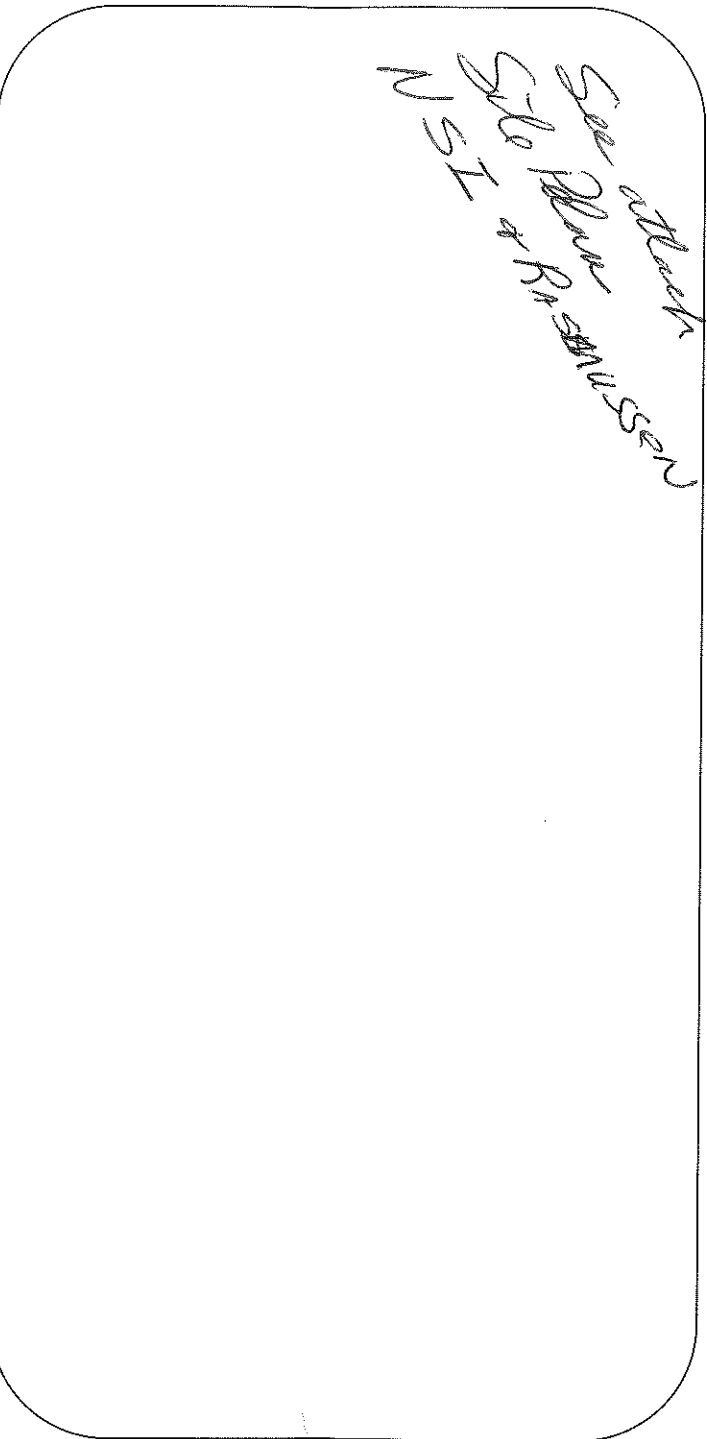
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 5612 INDUSTRIAL AVE LOVESPARK, IL 61111 Attach
 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below, Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan
 (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 (4) Show: All Existing Structures on your Property
 (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(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	Feet	Setback from the Lake (ordinary high water mark)	75 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	175 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	10 Feet	Setback from Wetland	25 Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	960 Feet	Elevation of Floodplain	1397.8 Feet
Setback to Septic Tank or Holding Tank	120 Feet	Setback to Well	220 Feet
Setback to Drain Field	480 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: 17-09 5	# of bedrooms: _____	Sanitary Date: 1/17		
Permit Denied (Date): _____		Reason for Denial: _____				
Permit #: 17-00413	Permit Date: 3-14-17					
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input 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 Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<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
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: 140		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____				
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed			
Inspection Record: BFE - 1398 Date of inspection: 3-9-17		Inspected by: JRC		Zoning District (R1) Lakes Classification ()		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Must get UDC Must meet Setback Requirements						
Signature of Inspector: JRC		Date of Approval: 3-14-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

arry + Jodie Larson # 10716
 11338 Cleophas Walgreens Rd.
 Beloit, WI 53511
 (815) 871-7787

34229 Bluegill Bay Rd.
 SW, SW, S1 + SE, SE,
 S2, T43N, R6W
 Town of Namakagon
 Bayfield Co., WI

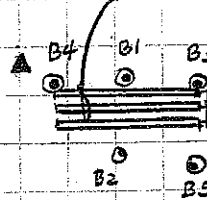
04-034-2-43-06-02-4
 04-000-81000 and
 04-034-2-43-06-02-4
 04-000-82000

LOT 2, CSM 1481

Beaver Pond
 elev. = 87.67'
 10/2/06

Scale:
 1" = 80'

(3) 3' x 60' cells w/
 E-Z Flow Units (10)



▲ = 100' @ Nail in 12" Pine Tree
 w/orange ribbon

▲▲ = 95' @ Nail in
 ribboned yellow birch
 Tree (2' above grd.)

- B1 = 96.33'
- B2 = 95.0'
- B3 = 94.7'
- B4 = 95.67'
- B5 = 92.68'

Proposed
 system = 91.68'

Act. Sys. = 90.68'

Pump @ off = 82' ±

Rec'd for Issuance
 JAN 25 2017
 Secretarial Staff

Proposed
 Pole Bldg
 w/
 Workshop
 & Bath.

Proposed Rasmussen
 760 s.t. w/orena
 filter

Proposed Rasmussen
 760 P. Tank
 off = 82.0' ±

4" Sch 40 PVC

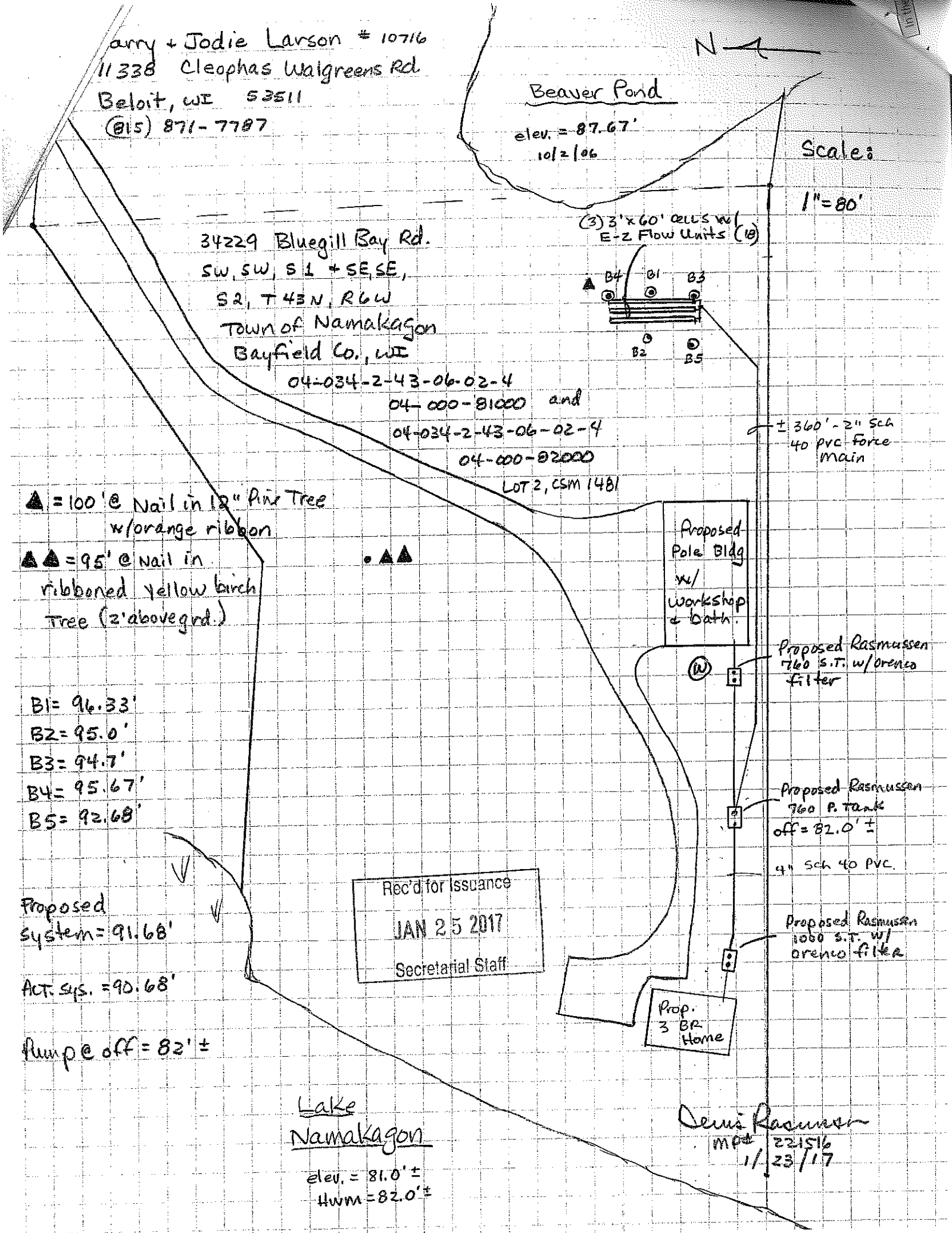
Proposed Rasmussen
 1050 s.t. w/
 orena filter

Prop.
 3 BR
 Home

Lake
 Namakagon

elev. = 81.0' ±
 Hwm = 82.0' ±

Dennis Rasmussen
 MPE 221516
 1/23/17



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: MAR 06 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-0044
 Date: 3-14-17
 Amount Paid: \$384 36-17
 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: Garry & Jodie Larson Mailing Address: 1138 W. Cleophas Rd Beloit, WI 53511 Telephone: 815-871-7787

Address of Property: 34229 Bluebell Bay Rd City/State/Zip: Town of Nauvau, WI 54821 Cell Phone: 815-444-2832

Contractor: STEVE TRUDE Contractor Phone: 715 865 4600 Plumbers: RICKS PLUMBERS Plumber Phone: 715 835 8152

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

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-0302-2-43-06-02-4	Recorded Document: (i.e. Property Ownership) Volume <u>9</u> Page(s) <u>21 & 32</u>
<u>SW 1/4, SW 1/4</u>	<u>Gov't Lot 1 Lot(s) 1481 GSM Vol & Page 9 31 & 32 Lot(s) No. 1 Block(s) No. 1 Subdivision:</u>	<u>000 - \$1000 + 82000</u>	
Section <u>2</u> , Township <u>43</u> N, Range <u>6</u> W	Town of: <u>NAUVAU TOWN</u>	Lot Size	Acres <u>11.48</u>

Shoreland → Non-Shoreland

Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes—continue → No—continue →

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: 475 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
<u>\$ 118,000</u>	<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 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 checked="" type="checkbox"/> (New) Sanitary <input 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: 120 Width: 60 Height: 26

Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date) _____		() X ()	
<input type="checkbox"/> Addition/Alteration (specify) _____		() X ()	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>60 X 100 X 16 FRAMED/STEEL</u>		() X ()	<u>6000 #1</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Special User: (explain) _____		() X ()	
<input type="checkbox"/> Conditional User: (explain) _____		() X ()	
<input type="checkbox"/> 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 for any reasonable time for the purpose of inspection.

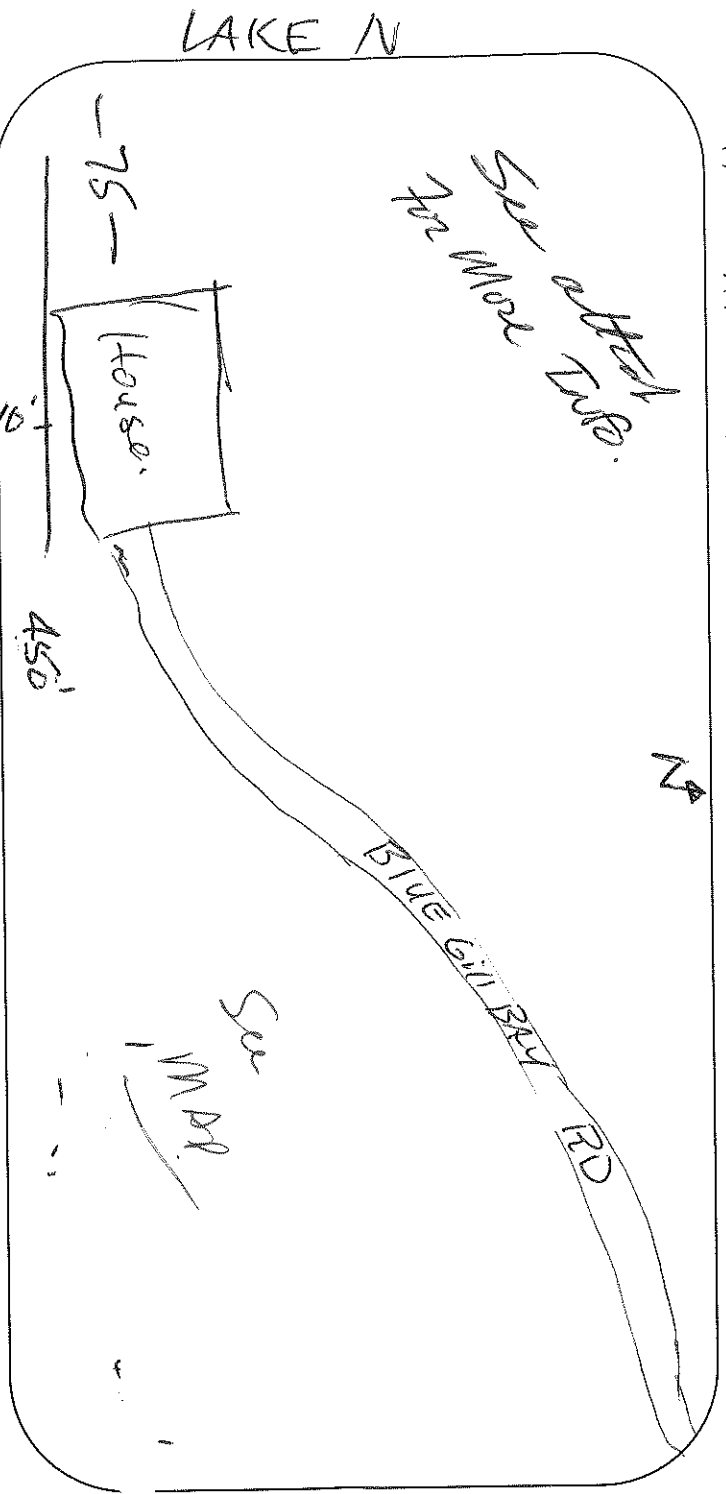
Owner(s): Stacy Dorman Jodi L Larson Date 2-20-17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 5612 INDUSTRIAL AVE COURSTARK W Copy of Tax Statement 6111 Attach _____
 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%



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	Feet	Setback from the Lake (ordinary high-water mark)	450 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	110 Feet
Setback from the West Lot Line	260 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	225 Feet	Elevation of Floodplain	1397.8 Feet
Setback to Septic Tank or Holding Tank	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 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): Reason for Denial:		Sanitary Number: # of bedrooms:	Sanitary Date:		
Permit #: 17-0044 Permit Date: 3-14-17	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/contiguous lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached
Inspection Record: Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: Inspected by: M. Marks	Case #: Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District: (A) Lakes Classification: (1)	Date of Re-Inspection:	
Date of Inspection: 3-9-17		Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached)		Date of Approval: 3-14-17	
Signature of Inspector: J. Flory		Hold For Sanitary: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	