

**Village of Colfax  
Village Board  
Regular Meeting Agenda  
Tuesday, December 27, 2016  
Village Hall, 613 Main Street  
7:00 p.m.**

1. Call to Order
2. Roll Call
3. Public Appearances
4. Consent Agenda
  - a. Minutes
    - i. Regular Board Meeting Minutes, December 12, 2016
  - b. Training Requests – William Anderson – January 17-19, 2017 – Law Enforcement Management Conference
  - c. Facility Rental - none
  - d. Licenses
    - i. 2017 Mobile Home Park License - Donald & Marcia Henderson
    - ii. 2017 Secondhand Jewelry Dealers License – Nancy Odom Mouledoux DBA Twice Blessed Treasurers
    - iii. Operator's License – December 27, 2016 to June 30, 2017 – Abigail A. Bachim – Buck Snort
5. Communications – Village President
6. Consideration Items
  - a. Consideration of the Plan Commission recommendation to get RFP's for railroad spur engineering
  - b. 2017 fee schedules
    - i. Village fees
    - ii. Sewer rates
    - iii. Rescue rates
7. Review/Approval – Bills – December 12, 2016 – December 25, 2016
8. Committee/Department Reports – (NO ACTION)
  - a. Colfax Police Department – November Report
  - b. Building Permits Issued - 2016
9. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn Niggemann, Administrator-Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the Friday prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

## **Village Board Meeting – December 12, 2016**

On December 12, 2016, the Village Board meeting was held at 7:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI. Members present: Trustees Halpin, Davis, Wolff, Rihn, Burcham and President Gunnufson. Excused: Trustee Schieber. Others present included Rick Johnson, Director of Public Works Bates, and LeAnn Ralph with the Messenger and Administrator-Clerk-Treasurer Niggemann.

**Public Appearances** –none.

**Minutes- Regular Board Meeting November 28, 2016** - A motion was made by Trustee Halpin and seconded by Trustee Rihn to approve the Regular Board meeting minutes from November 28, 2016. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

**Minutes- Special Budget Hearing December 1, 2016** - A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the Regular Board meeting minutes from December 1, 2016. Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

**Communications - Village President** – Still working to set a date for the Planning Commission meeting to discuss the future of the Industrial Park.

**Consideration of the Plan Commission recommendation of East View Development** – Gunnufson explained the Plan Commission's recommendations as follows.

- Lot #6 – Potential buyers have expressed a concern regarding the size of the lots. They are interested in more lawn or additional land to building an additional garage. Blomberg had expressed that bigger lots have been the trend in developments. To accommodate the larger lot, Blomberg stated that properties can be marketed with the home or at an increased priced for the current lot plus the additional half lot.
- Possibility of accommodating more rental units or housing for the elderly population. The current trends for this market are Townhouses. Lot # 1 and #2 would be an ideal location for the Townhomes. The Lots would need to be rezoned to accommodate this.
- Developer interest in Townhomes. Phase 2 included this option once the development was going. If a Developer were interested in developing the entire Phase 2, Village could consider a plan which would have the Developer pay the utilities to be installed in trade for the land purchase fee.

To summarize the options, Lot # 1 and #2 would be Townhomes, Lot #3 would remain as is, and Lot #4 and #6 could possibly be converted to a lot and a half to include half of Lot #5 with each Lot #4 & #6. The purpose of these possible changes is to promote the start of the development.

A motion was made by Trustee Davis and seconded by Trustee Rihn to approve the Planning Commission's recommendation to allow Lot # 6 at 302 Dunn Street to be marketed two ways. One way would be with the house lot and the second way would be with the house lot and an additional half lot. Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

A motion was made Trustee Davis and seconded by Trustee Rihn to entertain any discussions with builders that are interested in building Twinhomes on Lots #1 and #2. If interest is expressed, the

Planning Commission and the Board would like to discuss options with the building. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

A motion was made by Trustee Rihn and seconded by Trustee Halpin to entertain any discussions with a single developer that may be interested developing all of Phase 2. Some possibilities would be instead of selling the lots to the developer, trade the land for the installation of the services to the Phase 2 lots. Other incentives may include negotiations of possible partial reimbursement after first building is complete, additional reimbursement after second building is built, etc. Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

**Bauman Associates Engagement Letter – 2016 Audit** – A motion was made by Trustee Davis and seconded by Trustee Halpin to approve the 2016 audit agreement with Bauman Associates. Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

**Bauman Associates Engagement Letter – 2016 TIF annual Reports** – A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the 2016 Tiff annual reports creation by Bauman Associates. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

**Nevins Flooring Estimate for Village Hall – Clerk's office** – A motion was made by Trustee Halpin and seconded by Trustee Rihn to approve the estimate for carpet tiles for the Clerk's office at the estimated price of \$2,580.24. The funding will come from the Clerk's Office Equipment under designated funds. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

**Review/Approval – Bills – November 28, 2016 to December 11, 2016** – A motion was made by Trustee Davis and seconded by Trustee Rihn to approve the November 28 to December 11, 2016 bills for payment. Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

**Adjourn:** A motion was made by Trustee Wolff and seconded by Trustee Rihn to adjourn Village Board meeting at 7:48 p.m. A voice vote was taken with all members voting yes. Motion carried.

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Scott Gunnufson, Village President

Attest: Lynn Niggemann  
Administrator-Clerk-Treasurer

## Meeting / Continuing Education Travel / Meeting Request Form

Name William Anderson  
Date 12/20/2016

Position Chief of Police  
Department Police  
Estimated Costs \$325.00

Date(s) of meeting 01/17/2017 – 01/19/2017 Employee is / NOT required to attend (circle one)

Name of Requested meeting: Law Enforcement Management Conference

How will this improve your ability to perform your job? Keep up to date with current issues in a policing environment and enhance management skills

What alternatives are there to attending this meeting? (In- house resources, literature review, participation in meetings closer to Eau Claire, etc.)

How will you share what you have learned with others?

Please include any additional comments on the back of this form: **I will be traveling with the City of Bloomer Chief of Police and we will be sharing a room and splitting the cost of lodging**

Expense Estimate: <b>\$325.00</b>	Requested	Approved
Tuition / Registration <b>\$197.25</b>	*Are others attending this meeting YES / <b>NO</b>	
Mileage / Airfare <b>0</b>	(If yes, list names)	
Lodging <b>\$90.00</b>		
*Would like the Registration Fee Miscellaneous pre paid and mailed with your registration YES / <b>NO</b>		
Total <b>\$325.00</b>		
Time Request:	Requested	Approved
Number of days absent: <b>3</b>		
From Work Setting		
Vacation		
Paid Conference Time <b>X</b>		
Absent Without Pay (own time)		
Other		

**A COPY OF THE MEETING DESCRIPTION AND AGENDA  
MUST BE ATTACHED TO THIS REQUEST**

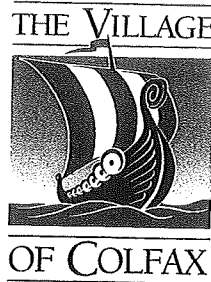
Welcome, WILLIAM J ANDERSON

## Training Announcement Details

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### Law Enforcement Management Conference

<b>Provider:</b>	Wisconsin Indianhead Technical College - South Region
<b>Date(s):</b>	01/17/2017 - 01/19/2017
<b>Cost:</b>	\$197.25
<b>Instructor/Vendor:</b>	Grossman, Prochut, Johnson, Strobel, and others
<b>Training Site Location:</b>	Barker's Island Inn Resort
	300 Marina Drive, Superior, WI, 54880
<b>Geographical Location:</b>	NWAR
<b>Description:</b>	This three-day Management Conference will provide 20 hours of tailored training to leaders in the law enforcement profession. The training topics were selected to enhance the leadership skills of attendees during a trying time in American law enforcement. Lt. Col. Dave Grossman, Mercedes Ramirez Johnson, Chris Prochut, Neil Strobel, Dave Perlman, Tony Barthuly
<b>Contact:</b>	Tom Richie, Academy Director
<b>Phone:</b>	(715) 234-7082 Ext. 5292
<b>Email:</b>	<a href="mailto:tom.richie@witc.edu">tom.richie@witc.edu</a>
<b>Internet Address:</b>	<a href="http://www.witc.edu/continuing-education/law.htm">www.witc.edu/continuing-education/law.htm</a>



January 1, 2017 – December 31, 2017  
Application for License to Operate Mobile Home Park

Annual Fee: \$100.00 for each fifty (50) mobile home spaces or fraction thereof

I hereby apply for license to operate a mobile home park in the Village of Colfax, Wisconsin under Charter 13-1-187 of the Municipal Code of the Village of Colfax and hereby agree to comply with all provisions of said ordinance and any amendments thereof, if license is granted to me.

Name of Applicant

Donald + Marcia Henderson

Address of Applicant

N8561 State Rd 40 Colfax, WI 54730

Location and legal description of park

128 Park Dr + 118 Park Dr Tax Parcel # 111-1007-03-010

Name and address of owner of park

Donald + Marcia Henderson

Dimension of park

10.65 Acres

Sanitary facilities of park

Village water + sewer

Maximum number of mobile homes that park will accommodate: 54 units

Marcia Henderson 12-19-16  
Signature of applicant Date

# Village of Colfax

Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311  
Fax 715-962-2221

Scott A. Gunnufson, President  
Lynn Niggemann, Administrator-Clerk-Treasurer

## APPLICATION FOR SECONDHAND JEWELRY DEALER

RECEIVED

DEC 15 2016

Village of Colfax

Date: 12/16/2016

Name: NANCY ODOM MOULEDOUX

Business: TWICE BLESSED TREASURES

Address: 605 MAIN ST., COLFAX

Phone: 715 962 2007

Seller's Permit No: 456-1021709623-03

NONREFUNDABLE FEE: \$30.00 <sup>CK</sup>  
RECEIPT # 12-16-16 # 1239

Nancy Odom Mouledoux  
Applicant's Signature

Police Chief Notification: [Signature]

July 1, 2016 - June 30, 2017  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee \$10.00

RECEIVED  
DEC 13 2016

Village of Colfax

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, <sup>2016</sup>~~2015~~ to June 30, <sup>2017</sup>~~2016~~, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 22 years of age.

Ammy Bac  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Abigail A. Bachin

Address of Applicant ~~2204~~ 5326 Belknap Rd Sun Prairie WI 53590

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

No

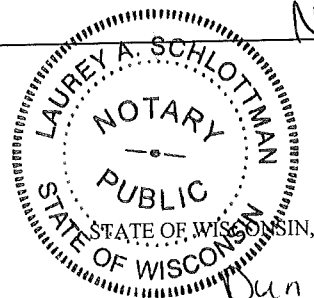
Date of such conviction

Name of Court

Nature of offense

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

No



Ammy Bac  
Signature of Applicant

Abigail A. Bachin being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this

9th

Ammy Bac  
Applicant sign here

day of

Dec 2016

Laurey A. Schlottman

Notary Public, Dunn County, Wis.



## COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental - General License Application

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

**NOTE:** If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Abigail A. BachimBusiness/Organization Name Buck Snort

Full Prior Names (nicknames, maiden names, etc.) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth Madison WI

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? NO  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 2044 11<sup>th</sup> Ave E  
Menomonee WI

List three personal references, not related to you. Include name, address &amp; phone number

- 1) Ashley Blashka \_\_\_\_\_
- 2) Kaiser Franks \_\_\_\_\_
- 3) Brittany Jordan \_\_\_\_\_

Have you ever been a member of the Military Service? NA Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.

Sun Prairie ~~WIS~~ High School, Sun Prairie, WI, High School Diploma  
UW Stout, Menomonee WI

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 11-30-16**Official Use Only-Below This Line**Date Received 12-13-16 Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_

Researcher \_\_\_\_\_ Approving Officer Signature \_\_\_\_\_

# WISCONSIN

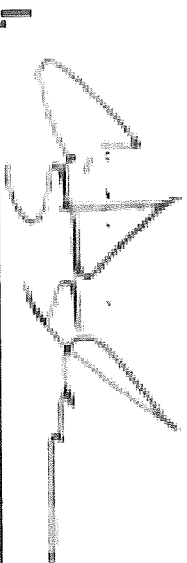
## SELLER / SERVER CERTIFICATION

**Trainee Name:** Abigail Bachim

**School Name:** 360training.com, Inc.

**Date of Completion:** 04/27/2016

**Certification #** WI-38609



I, \_\_\_\_\_  
certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



**Corporate Headquarters**  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

## Fees Schedule

The following is a list of fees either now in the Code or mentioned in the text of codified ordinances. It is not a comprehensive list of Village fees, but it is a starting point of what was found by the editor during the Analysis of the Code. Where fee amounts are in the Code they have also been noted in the Analysis with the option of taking them out and replacing them with language that indicates fees are as set by the Village Board.

Fee Description/Location in Code	Amount (if in Code)
Plan Commission special meeting, § 14-7I	"as prescribed by the Village of Colfax fee schedule"
Statement of Real Property Status, § 38-11	\$5
Records copying, § 84-4F	\$0.25 per page
Special meeting, Village Board, § 98-12B	\$100
Water and sewer utilities, Ch. 105:	
General public service, metered	\$0.20 per 1,000 gallons
General public service, unmetered (single-family home or small commercial user)	\$3.75 per quarter
Alarms; fee for answering false alarms	Not a fee; this is actually a fine
Private alarm system permit fee, § 125-11A	\$10
Dog and cat license fees: (§ 131-3A)	
Neutered males, spayed females	\$5
Unneutered males and unsprayed females	\$8
Kennel license fee: (§ 131-3B)	
12 or fewer dogs	\$35.30      36.50
More than 12	\$4 for each additional
Dog license late fee; § 131-4	\$5
Domestic chickens permit, § 131-13F(1)	\$10 per parcel for 10 or less chickens
Bicycle registration, § 137-6B	\$2

Building permit, § 145-14	"as established by resolution"
Cigarette license fee, § 159-2	\$5
Construction site erosion control, Chapter 166:	
Major land-disturbing activity permit; § 166-8F(2), application fee	\$20
Minor land disturbing activity permit; § 166-8F(3), application fee	\$10; \$5 if in conjunction with building permit
Appeal or variance request, § 166-11A(1), filing fee	\$25
Appeal of any order, decision, determination or inaction of the Village in administering or enforcing Chapter 166, § 166-11A(2)(a)	\$50
Driveway permit, § 173-1C	No fee
Burning permit, § 189-8	(No fee mentioned)
Natural lawn permit filing fee, § 205-5C(1)	\$25
Alcohol beverage licenses, § 225-5A through H	
Class "A"	\$10
Class "B"	\$100
Temporary Class "B" fermented malt beverage	\$10 per event
Temporary "Class B" wine	\$10 per event
Fermented malt beverage wholesaler's	\$25
"Class A" retailer's	\$50
"Class B" retailer's	\$400; (\$50 for American legion)
"Class C" wine	\$200
Transfer fee, § 225-11A	\$10
Outdoor sports event application, § 225-19D	\$10

Operator's license, § 225-20D	\$5 (plus \$5 investigation fee) <i>670</i>
Provisional operator's license	\$15 <i>670</i>
Nonmetallic mining permit, § 248-5A	\$50
Blasting and rock crushing, § 248-7F	\$10
Parks and Recreation, Chapter 272	
Use of public property, 272-6C:	
Municipal building <i>Auditorium</i>	\$30 per day plus a \$20 security deposit <i>6100</i>
Fairgrounds	\$30 per day plus a \$20 security deposit <i>6100</i>
Fairgrounds/F.F.A. Building	\$30 per day plus a \$20 security deposit <i>400</i>
Fairgrounds Camping	\$5 per night
Archery permit, annual, § 285-3G(2)	No fee charged
Sewers, Ch. 315	See Rate Schedules for Users Charges (Art. II)
Street opening fee, § 315-11A	\$1,000
Quarterly wastewater system maintenance fee, § 315-11D	\$10
Streets and Sidewalks, Ch. 328	
Public sidewalk lay or repair, § 328-5C	No fee
Permit renewal, § 328-6E	\$5
Street opening permit, § 328-6F(2),	\$5
Street privilege permit, § 328-9C	\$5
Transient Merchants, Ch. 336.	
Application for registration, § 336-4C	\$10
Annual registration fee, § 336-4D(1)	\$50
Per-day fee, § 336-4D(2)	\$5
Special event vending permit, § 336-10A	\$5 per day

Water, Ch. 365, Art. I	See User Rate Schedules
Ch. 412, Shoreland-Wetland Zoning, § 412-18	"Fees by resolution of Village Board"
Ch. 430, Zoning	
PUD review fee, § 430-34B	\$25
Sign permit (§ 430-62)	Amount not listed in code
Zoning permit fee receipt, § 430-95B(6)	\$20
Variance application fee receipt, § 430-104B(6)	\$25
Mobile home parks, Art. XVIII	
Mobile home park developer permit, § 430-111C	\$25
Mobile home park license, § 430-113C	\$100/50 spaces; transfer of license: \$10

12.22.2016 Sewer Volume Analysis

Data from October 2015 to October 2016 billing.

Volume(gals)	Vol. by 1,000's	\$4.29/1000 gal	3% increase \$4.42/1000 gal	5% increase \$4.50/1000 gal	10% increase \$4.72/1000 gal	15% increase \$4.93/1000 gal	20% increase \$5.15/1000 gal	25% increase \$5.36/1000 gal
Residential	13,176	\$56,523.37	\$58,236.20	\$59,290.25	\$62,188.88	\$64,955.76	\$67,854.40	\$70,621.27
Commercial	8,229	\$35,301.18	\$36,370.92	\$37,029.21	\$38,839.53	\$40,567.56	\$42,377.88	\$44,105.91
Industrial	103,384	\$443.52	\$456.96	\$465.23	\$487.97	\$509.68	\$532.43	\$554.14
Public Authority	3,435	\$14,737.87	\$15,184.47	\$15,459.30	\$16,215.09	\$16,936.52	\$17,692.31	\$18,413.74
Sewer est. annual income		\$107,005.94	\$110,248.54	\$112,243.99	\$117,731.47	\$122,969.53	\$128,457.01	\$133,695.06
Annual increase			\$3,242.60	\$5,238.05	\$10,725.54	\$15,963.59	\$21,451.07	\$26,689.13
Residential - sewer rate	9,200	9.2	\$39.47	\$40.66	\$41.40	\$43.42	\$45.36	\$47.38
Avg. bill			\$152.58	\$153.78	\$154.51	\$156.54	\$158.47	\$160.49
Net Change Quarterly			\$1.20	\$1.93	\$3.96	\$5.89	\$7.91	\$9.84

***Colfax Rescue fee schedule for 2017***

**Discription**

**Charge**

\*\*\* Allowable patient billables are charged at 35% markup over list prices.

ALS non resident base rate	\$ 1,146.26
ALS spinal immobilization base rate non resident	\$ 1,246.26
ALS resident base rate	\$ 937.15
ALS resident base rate spinal immobilization	\$ 1,037.15
BLS resident	\$ 851.95
BLS resident spinal immobilization	\$ 951.95
BLS non resident	\$ 1,010.42
BLS non resident spinal immobilization	\$ 1,110.42
Refused transport	\$ 196.12
Resident loaded mileage per loaded mile	\$ 16.79
Non resident mileage per loaded mile	\$ 18.09
Standby at school events flat fee	\$ 60.00
EMT at private events hourly	\$ 30.00
Ambulance standby at private event hourly	\$ 40.00
House number 2 sided	\$ 12.00
House numbers one sided	\$ 10.00

Certification of Medical Records\*\*\*Statute allowed amount\*\*\*

Certification	\$ 8.26
Copies 1-25 per page	\$ 1.04
Copies 26-50 per page	\$ 0.76
Copies 51-100 per page	\$ 0.51
actual postage cost including envelope	



WILLIAM J. ANDERSON  
CHIEF OF POLICE

PHONE (715) 962-3136  
FAX (715) 962-4357

# COLFAX POLICE DEPARTMENT

PO BOX 417, 613 MAIN ST.

COLFAX, WI 54730

## NOVEMBER 2016 MONTHLY POLICE REPORT

**CALLS FOR SERVICE: 48**

**TRAFFIC STOPS: 9**

- ASSIST OTHER AGENCY: 4
  - TRAFFIC ACCIDENT SOUTH OF TOWN, RUNAWAY JUVENILE, PEOPLE HUNTING FROM ROAD IN COUNTY, RECKLESS DRIVER
- ASSIST MOTORIST: 1
  - SEMI STUCK IN MUD
- AMBULANCE ASSIST: 2
- TRAFFIC COMPLAINT: 3
  - HIGH SPEED ON MAIN ST, NOT STOPPING FOR STOP SIGNS, NOT YIELDING TO PEDESTRIANS IN CROSSWALK
- DOMESTIC: 1
  - FAMILY ARGUMENT
- SUSP PERSON/CAR: 2
  - SUSPICIOUS GRAY VAN, SUSPICIOUS MALE BEHIND RESIDENCE
- CHECK WELFARE: 3
  - 2 CALLS FOR SUICIDAL SUBJECTS, SUICIDAL SUBJECT AT HOSPITAL
- NOISE COMPLAINT: 1
  - LOUD DOWNSTAIRS NEIGHBOR
- JUVENILE COMPLAINT: 2
  - DRUG PARARHERNALIA, POSSESSION OF THC
- NEIGHBOR DISPUTE: 1
  - GARBAGE FROM NEIGHBOR'S PROPERTY
- OPEN DOOR: 1
  - COLD STORAGE AT DPW NOT SECURE
- GARBAGE DUMPING: 1

- GARBAGE DUMPED AT BUSINESS
- 911 HANGUP/MISDIAL: 1
- HARASSMENT: 3
  - EX BOYFRIEND HARASSMENT, PHONE CALL (SCAM) HARASSMENT
- ANIMAL COMPLAINT: 2
  - NEIGHBOR'S CATS, DOG AT LARGE KILLED CHICKENS
- LOST / FOUND: 1
  - TOOL BOX FOUND ON ROADWAY ON MAIN ST IN FRONT OF BREMER BANK
- CIVIL: 3
  - PROPERTY EXCHANGES
- MISCELLANEOUS: 2
  - ABANDONED VEHICLE, RETRIEVE PROPERTY
- TRAFFIC ACCIDENT: 1
  - HIT AND RUN IN PARKING LOT OF CENEX
- WARRANT: 1
  - -SUBJECT WITH FELONY WARRANTS LOCATED AT RESIDENCE
- DRUG COMPLAINT: 1
  - POSSESSION OF DRUG PARAPHERNALIA
- THEFT: 2
  - STOLEN CAR, GAS SKIP



2921 Ingalls Road  
Menomonie, WI 54751

Mobile: 715-556-0066  
FAX: 715-231-2447  
[www.weberinspections.com](http://www.weberinspections.com)  
[inspector@weberinspections.com](mailto:inspector@weberinspections.com)

## Activity Report

Village of Colfax

January

Date	Customer	Service	Pass/Fail	Project
1/15/2016	DeMoe	Electrical Hook-up	Passed	
1/19/2016	DeMoe	Basement Plumbing	Passed	
1/25/2016	Arntson	Rough Construction	Passed	
1/25/2016	Arntson	Rough Electrical	Passed	
1/25/2016	Arntson	Rough Plumbing	Passed	
1/26/2016	Arntson	Electrical Hook-up	Passed	
1/29/2016	DeMoe	Rough Construction	Passed	
1/29/2016	DeMoe	Rough Plumbing	Passed	



2921 Ingalls Road  
Menomonie, WI 54751

Mobile: 715-556-0066  
FAX: 715-231-2447  
www.weberinspections.com  
inspector@weberinspections.com

## Activity Report

Village of Colfax

February

Date	Customer	Service	Pass/Fail	Project
2/2/2016	Arntson	Insulation	Passed	
2/4/2016	DeMoe	Insulation	Passed	
2/4/2016	DeMoe	Rough HVAC	Passed	
2/4/2016	DeMoe	Rough Electrical	Passed	
2/25/2016	Sundby	Rough Construction	Passed	
2/25/2016	Sundby	Permit Issued		Remodel



2921 Ingalls Road  
Menomonie, WI 54751

Mobile: 715-556-0066  
FAX: 715-231-2447  
[www.weberinspections.com](http://www.weberinspections.com)  
[inspector@weberinspections.com](mailto:inspector@weberinspections.com)

## Activity Report

Village of Colfax

April

Date	Customer	Service	Pass/Fail	Project
4/16/2016	Tuschl	Permit Issued		New Home Construction
4/18/2016	Kiekhafer	Permit Issued		Remodel



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## Activity Report

Village of Colfax

May

Date	Customer	Service	Pass/Fail	Project
5/4/2016	Tuschl	Footing	Passed	Remodel
5/4/2016	Rihn	Permit Issued		
5/6/2016	Kiekhafer	Slab Footing	Passed	
5/6/2016	Kiekhafer	Slab Plumbing	Passed	
5/31/2016	Kiekhafer	Footing	Passed	
5/31/2016	Ziebell	Permit Issued		Remodel
5/31/2016	Smith	Permit Issued		Remodel



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## Activity Report

Village of Colfax

June

Date	Customer	Service	Pass/Fail	Project
6/6/2016	Smith	Footing	Passed	
6/8/2016	Tuschl	Final Inspection/Occupancy	Passed	
6/9/2016	Smith	Final Inspection/Occupancy	Passed	
6/23/2016	Ziebell	Rough Construction	Passed	



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## Activity Report

Village of Colfax

July

Date	Customer	Service	Pass/Fail	Project
7/28/2016	Arntson	Final Inspection/Occupancy	Passed	





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Menomonie, WI 54751

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[inspector@weberinspections.com](mailto:inspector@weberinspections.com)

## Activity Report

Village of Colfax

August

Date	Customer	Service	Pass/Fail	Project
8/11/2016	Schneider	Permit Issued		Remodel



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Menomonie, WI 54751

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[inspector@weberinspections.com](mailto:inspector@weberinspections.com)

## Activity Report

Village of Colfax

September

Date	Customer	Service	Pass/Fail	Project
9/2/2016	Schneider	Drain Tile	Passed	
9/2/2016	Schneider	Footing	Passed	



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Menomonie, WI 54751

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[inspector@weberinspections.com](mailto:inspector@weberinspections.com)

## Activity Report

Village of Colfax

October

Date	Customer	Service	Pass/Fail	Project
10/14/2016	Nelson	Permit Issued		Remodel
10/19/2016	DeMoe	Final Inspection/Occupancy	Passed	

[illegible]

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73	<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>	Application No. <div style="text-align: center; font-size: 1.2em;">2016- 2</div> Parcel No.																					
<b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control           Other:																							
Owner's Name <i>Mike McCathern</i>		Mailing Address <i>400 Main St. Colfax, WI</i>																					
Contractor's Name: <input checked="" type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg <i>Jim Herrick Const.</i>	Lic/Cert# <i>1049607</i>	Mailing Address <i>PO 10695 - Co. Rd. M. Colfax, WI</i>																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address																					
<b>PROJECT LOCATION</b>		Lot area                      Sq. ft.                      _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W																					
Building Address <i>400 Main St.</i>		Subdivision Name                      Lot No.                      Block No.																					
Zoning District(s)	Zoning Permit No.	Setbacks:                      Front                      Rear                      Left                      Right																					
<b>1. PROJECT</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <i>Roof</i>	<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:																					
<b>2. AREA INVOLVED</b> Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: <b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: <b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
		<b>12. ENERGY SOURCE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																	
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
		<b>14. EST. BUILDING COST</b> \$ <i>6,000.00</i>																					
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.																							
<b>APPLICANT'S SIGNATURE</b> <i>Jim Herrick</i>		<b>DATE SIGNED</b> <i>4-26-2016</i>																					
<b>APPROVAL CONDITIONS</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																							
<i>New Roof</i>																							
Municipality Number of Dwelling Location <div style="text-align: center;">1 7 1 1 1</div>																							
<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>5.00</i>	<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	<b>PERMIT ISSUED BY:</b> Name <u>George Entzminger</u> Date <i>4-26-16</i> Tel. <u>715-962-4402</u> Cert No. _____																					

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: center; font-size: 1.2em;">2016- 3</div>																					
		Parcel No.																								
<b>PERMIT REQUESTED</b>		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control Other:																								
Owner's Name <i>Gene Gibson</i>		Mailing Address <i>219 Telemar K Circle Colfax, WI</i>		Tel. <i>715-962-4379</i>																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W																								
Building Address <i>219 Telemar K Circle</i>		Subdivision Name		Lot No. _____ Block No. _____																						
Zoning District(s)		Zoning Permit No.		Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.																						
<b>1. PROJECT</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <i>Kitchen</i>		<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:																						
<b>2. AREA INVOLVED</b> Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:																						
		<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:		<b>12. ENERGY SOURCE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																				
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																						
		<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>14. EST. BUILDING COST</b> <div style="font-size: 1.2em;">\$ 25,000.00</div>																						
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.																										
APPLICANT'S SIGNATURE <i>[Signature]</i>				DATE SIGNED <i>5-12-2016</i>																						
<b>APPROVAL CONDITIONS</b>		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																								
<i>New Kitchen Cabs + Floor</i>																										
				Municipality Number of Dwelling Location <div style="text-align: center; font-size: 1.2em;">1 7 1 1 1</div>																						
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>PERMIT ISSUED BY:</b>																						
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>25.00</i>		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		Name <u>George Entzminger</u> Date <i>5-12-16</i> Tel. <u>715-962-4402</u> Cert No. _____																						

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63; 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: center; font-size: 1.2em;">2016-4</div>	
		Parcel No.				
<b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control           Other:						
Owner's Name <i>Terry Moen</i>		Mailing Address <i>305 Dunn St. Colfax, WI</i>		Tel. <i>715-962-4161</i>		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		

<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W			
Building Address <i>305 Dunn St.</i>		Subdivision Name		Lot No.      Block No.	
Zoning District(s)		Zoning Permit No.		Setbacks:      Front _____ ft.      Rear _____ ft.      Left _____ ft.      Right _____ ft.	

<b>1. PROJECT</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <i>Driveway</i>	<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	<b>12. ENERGY SOURCE</b> <table style="width:100%; text-align: center;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.			Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																					
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<b>2. AREA INVOLVED</b> Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:	<b>13. HEAT LOSS</b> <div style="text-align: right;">BTU/HR Total Calculated</div> Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																							
				<b>14. EST. BUILDING COST</b> \$ <i>3200.00</i>																							

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

<b>APPLICANT'S SIGNATURE</b> <i>Terry Moen</i>	<b>DATE SIGNED</b> <i>5-19-2016</i>
------------------------------------------------	-------------------------------------

<b>APPROVAL CONDITIONS</b>	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.
<i>Repair Driveway</i>	

		Municipality Number of Dwelling Location <div style="text-align: center; font-size: 1.2em;">1 7 1 1 1</div>
--	--	----------------------------------------------------------------------------------------------------------------

<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>10.00</i>	<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	<b>PERMIT ISSUED BY:</b> Name <u>George Entzminger</u> Date _____ Tel. <u>715-962-4402</u> Cert No. _____
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Distribution: ☐ Copy 1 - Issuing Jurisdiction   
 ☐ Copy 2 - Owner/Agent   
 ☐ Copy 3 - Inspector

Wisconsin Division of Safety and Buildings		VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION				Application No.  2016- <u>5</u>			
Wisconsin Stats. 101.63, 101.73						Parcel No.			
PERMIT REQUESTED <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control    Other:									
Owner's Name <u>Scott Johnson</u>		Mailing Address <u>501 West St Colfax, WI 54730</u>				Tel. <u>715-556-2567</u>			
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.			
						FAX#			
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.			
						FAX#			
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.			
						FAX#			
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.			
						FAX#			
PROJECT LOCATION      Lot area      Sq. ft.      _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W									
Building Address <u>501 West St.</u>		Subdivision Name			Lot No.		Block No.		
Zoning District(s)		Zoning Permit No.		Setbacks:		Front      Rear      Left      Right			
						ft.      ft.      ft.      ft.			
1. PROJECT		3. OCCUPANCY		6. ELECTRICAL		9. HVAC EQUIPMENT		12. ENERGY SOURCE	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <u>Garage</u>		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:		Fuel    Nat Gas    LP    Oil    Elec    Solid    Solar	
2. AREA INVOLVED		4. CONST. TYPE		7. FOUNDATION		10. SEWER		13. HEAT LOSS	
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living _____ Sq Ft Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		BTU/Hr Total Calculated	
		5. STORIES		8. USE		11. WATER		14. EST. BUILDING COST	
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		\$ <u>14,000.00</u>	
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.									
APPLICANT'S SIGNATURE <u>[Signature]</u>					DATE SIGNED <u>June 16 2016</u>				
APPROVAL CONDITIONS					This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.				
<u>New Garage</u>									
					Municipality Number of Dwelling Location <u>1 7 1 1 1</u>				
FEES:					PERMIT(S) ISSUED				
Plan Review \$ _____					<input type="checkbox"/> Construction				
Inspection \$ _____					<input type="checkbox"/> HVAC				
Wis. Permit Seal \$ _____					<input type="checkbox"/> Electrical				
Other \$ _____					<input type="checkbox"/> Plumbing				
Total \$ <u>14,000</u>					<input type="checkbox"/> Erosion Control				
					PERMIT ISSUED BY:				
					Name <u>George Entzminger</u>				
					Date <u>6-16-16</u> Tel. <u>715-962-4402</u>				
					Cert No. _____				

fred



Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: center; font-size: 1.2em;">2016-6</div> Parcel No.																					
<b>PERMIT REQUESTED</b>		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control           Other:																								
Owner's Name <i>Tina Nelson</i>		Mailing Address <i>515 East 3rd St.</i>			Tel. <i>715-797-6678</i>																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg <i>Energy Performance Remedies</i>		Lic/Cert#	Mailing Address		Tel. <i>715-690-9574</i>																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel. FAX#																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel. FAX#																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel. FAX#																					
<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W																								
Building Address <i>515 East 3rd St.</i>		Subdivision Name		Lot No.	Block No.																					
Zoning District(s)		Zoning Permit No.		Setbacks:	Front _____ ft.           Rear _____ ft.           Left _____ ft.           Right _____ ft.																					
<b>1. PROJECT</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <i>Roof</i>		<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead																						
<b>2. AREA INVOLVED</b> Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: <b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:																						
		<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:		<b>12. ENERGY SOURCE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																				
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																						
		<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>14. EST. BUILDING COST</b> \$ <i>8,000.00</i>																						
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.																										
APPLICANT'S SIGNATURE <i>D. Wells</i>				DATE SIGNED _____																						
<b>APPROVAL CONDITIONS</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																										
<i>New Roof</i>																										
				Municipality Number of Dwelling Location <div style="text-align: center;">1 7 1 1 1</div>																						
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>PERMIT ISSUED BY:</b>																						
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>5.00</i>		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		Name <u>George Entzminger</u> Date <i>7-25-16</i> Tel. <u>715-962-4402</u> Cert No. _____																						

Distribution: ☐ Copy 1 - Issuing Jurisdiction ☐ Copy 2 - Owner/Agent ☐ Copy 3 - Inspector

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: right; font-size: 1.5em;">2016- 7</div>																					
					Parcel No.																					
<b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control           Other:																										
Owner's Name <i>Paul Wittrock</i>		Mailing Address <i>405 Roosevelt, Colfax, WI 53120</i>			Tel. <i>715-964-4368</i>																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg <i>Jeff Tisdale Allen Bldg</i>		Lic/Cert#			Mailing Address Tel. FAX#																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#			Mailing Address Tel. FAX#																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#			Mailing Address Tel. FAX#																					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#			Mailing Address Tel. FAX#																					
<b>PROJECT LOCATION</b>		Lot area                      Sq. ft.                      _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W																								
Building Address <i>405 Roosevelt</i>		Subdivision Name			Lot No.                      Block No.																					
Zoning District(s)		Zoning Permit No.		Setbacks:                      Front                      ft.                      Rear                      ft.                      Left                      ft.                      Right                      ft.																						
<b>1. PROJECT</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:		<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:																						
<b>2. AREA INVOLVED</b> Unfin. Bsm't _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:																						
		<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:		<b>12. ENERGY SOURCE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																				
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																						
		<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>14. EST. BUILDING COST</b> \$ <i>22,000.00</i>																						
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.																										
APPLICANT'S SIGNATURE <i>Paul Wittrock</i>				DATE SIGNED <i>8-1-2016</i>																						
<b>APPROVAL CONDITIONS</b>		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																								
<i>New Garage + Siding</i>																										
				Municipality Number of Dwelling Location <div style="text-align: center;">1 7 1 1 1</div>																						
<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>22.00</i>		<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		<b>PERMIT ISSUED BY:</b> Name <u>George Entzminger</u> Date <i>8-1-2016</i> Tel. <u>715-962-4402</u> Cert No. _____																						

Distribution: ☐ Copy 1 - Issuing Jurisdiction ☐ Copy 2 - Owner/Agent ☐ Copy 3 - Inspector



Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: right; font-size: 1.2em;">2016- 9</div>	
		Parcel No.				
<b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control   Other:						
Owner's Name <u>Ron Tusch</u>		Mailing Address <u>118 Park Drive Colfax, WI 54730 #237</u>		Tel. <u>715-704-6148</u>		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		

<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W			
Building Address <u>118 Park Drive Lot #237</u>		Subdivision Name		Lot No.      Block No.	
Zoning District(s)		Zoning Permit No.		Setbacks:    Front _____ ft.    Rear _____ ft.    Left _____ ft.    Right _____ ft.	

<b>1. PROJECT</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	<b>6. ELECTRICAL</b> Entrance Panel _____ <input type="checkbox"/> Undergroud <input type="checkbox"/> Overhead	<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	<b>12. ENERGY SOURCE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																				
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<b>2. AREA INVOLVED</b> Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:																						
		<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:																						
		<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																						
				<b>14. EST. BUILDING COST</b> \$ <u>5,000.00</u>																						

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

**APPLICANT'S SIGNATURE** Ron Tusch      **DATE SIGNED** 9-12-16

<b>APPROVAL CONDITIONS</b> <u>New Car Port</u>	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.
Municipality Number of Dwelling Location <div style="text-align: center;">1 7 1 1 1</div>	

<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <u>10.00</u>	<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	<b>PERMIT ISSUED BY:</b> Name <u>George Entzminger</u> Date <u>9-12-16</u> Tel. <u>715-962-4402</u> Cert No. _____
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Distribution: ☐ Copy 1 - Issuing Jurisdiction    ☐ Copy 2 -- Owner/Agent    ☐ Copy 3 - Inspector

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: center;">2016-10</div>	
		Parcel No.				
<b>PERMIT REQUESTED</b>		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control   Other:				
Owner's Name <u>Eric Wenzel</u>		Mailing Address <u>803 East Rail Road, Colfax, WI</u>		Tel. <u>715-962-4698</u>		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		

<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft.		_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W			
Building Address <u>803 East Rail Road</u>		Subdivision Name		Lot No.		Block No.	
Zoning District(s)		Zoning Permit No.		Setbacks:		Front _____ ft.   Rear _____ ft.   Left _____ ft.   Right _____ ft.	

<b>1. PROJECT</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <u>Roof</u>		<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:		<b>12. ENERGY SOURCE</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.				Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																										
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
<b>2. AREA INVOLVED</b> Unfin. Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfrd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																								
		<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>14. EST. BUILDING COST</b> \$ <u>1500.00</u>																										

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

<b>APPLICANT'S SIGNATURE</b> <u>[Signature]</u>		<b>DATE SIGNED</b> <u>9-16-2016</u>	
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<b>APPROVAL CONDITIONS</b>		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.		
<u>Roof Repair</u>				

		Municipality Number of Dwelling Location <div style="text-align: center;">1 7 1 1 1</div>	
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<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <u>5.00</u>		<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		<b>PERMIT ISSUED BY:</b> Name <u>George Entzminger</u> Date <u>9-16-16</u> Tel. <u>715-962-4402</u> Cert No. _____		
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Distribution: ☐ Copy 1 - Issuing Jurisdiction   ☐ Copy 2 - Owner/Agent   ☐ Copy 3 - Inspector

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: right; font-size: 1.2em;">2016-11</div>																					
		Parcel No.																								
<b>PERMIT REQUESTED</b>		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control           Other:																								
Owner's Name <i>Jeffrey Gust</i>		Mailing Address <i>701 Pine Street</i>		Tel. <i>715-962-3221</i>																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
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Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W																								
Building Address <i>701 Pine Street</i>		Subdivision Name		Lot No.      Block No.																						
Zoning District(s)		Zoning Permit No.		Setbacks:      Front _____ ft.      Rear _____ ft.      Left _____ ft.      Right _____ ft.																						
<b>1. PROJECT</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input checked="" type="checkbox"/> Other: <i>Roof + Remodel</i>		<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead																						
<b>2. AREA INVOLVED</b> Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:																						
		<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:																						
		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		<b>12. ENERGY SOURCE</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																				
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
		<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																						
				<b>14. EST. BUILDING COST</b> <i>\$10,000.00</i>																						
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.																										
APPLICANT'S SIGNATURE <i>Jeffrey Gust</i>				DATE SIGNED <i>9-17-2016</i>																						
<b>APPROVAL CONDITIONS</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																										
<i>New Roof + Kitchen, Bathroom Remodel</i>																										
					Municipality Number of Dwelling Location <div style="text-align: center; font-size: 1.2em;">1 7 1 1 1</div>																					
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>PERMIT ISSUED BY:</b>																						
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>10.00</i>		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		Name <i>George Entzminger</i> Date <i>9-17-2016</i> Tel. <i>715-962-4402</i> Cert No. _____																						

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="text-align: right; font-size: 1.2em;">2016- 12</div>																					
		Parcel No.																								
<b>PERMIT REQUESTED</b>		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control Other:																								
Owner's Name <i>Troy Knutson</i>		Mailing Address <i>P.O. Box 322 Colfax, WI 54730</i>		Tel. <i>715-962-3027</i>																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#																						
<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W																								
Building Address <i>310 Cedar St.</i>		Subdivision Name		Lot No. _____ Block No. _____																						
Zoning District(s)		Zoning Permit No.		Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.																						
<b>1. PROJECT</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input checked="" type="checkbox"/> Other: <i>Concrete + P</i>		<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRICAL</b> Entrance Panel _____ Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead																						
<b>2. AREA INVOLVED</b> Unfin. Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:																						
		<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:																						
		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		<b>12. ENERGY SOURCE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Blec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.		Fuel	Nat Gas	LP	Oil	Blec	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat Gas	LP	Oil	Blec	Solid	Solar																				
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
		<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																						
				<b>14. EST. BUILDING COST</b> \$ <i>7500.00</i>																						
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.																										
<b>APPLICANT'S SIGNATURE</b>		<i>Troy Knutson</i>		<b>DATE SIGNED</b> <i>10-3-16</i>																						
<b>APPROVAL CONDITIONS</b>		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																								
				Municipality Number of Dwelling Location <div style="text-align: center; font-size: 1.2em;">1 7 1 1 1</div>																						
<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>10.00</i>		<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		<b>PERMIT ISSUED BY:</b> Name <i>George Entzminger</i> Date <i>10-3-16</i> Tel. <i>715-962-4402</i> Cert No. _____																						

Distribution: ☐ Copy 1 - Issuing Jurisdiction ☐ Copy 2 - Owner/Agent ☐ Copy 3 - Inspector

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73		<b>VILLAGE OF COLFAX</b> <b>UNIFORM BUILDING PERMIT APPLICATION</b>			Application No. <div style="font-size: 1.2em; font-weight: bold;">2016-13</div>	
		Parcel No.				
<b>PERMIT REQUESTED</b>		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control   Other:				
Owner's Name <i>Scott Housenga</i>		Mailing Address <i>808 High St. Colfax, WI 54730</i>		Tel. <i>715-619-0256</i>		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address Tel. FAX#		

<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft.		_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W	
Building Address <i>808 High St.</i>		Subdivision Name		Lot No.      Block No.	
Zoning District(s)		Zoning Permit No.		Setbacks:      Front _____ ft.      Rear _____ ft.      Left _____ ft.      Right _____ ft.	

<b>1. PROJECT</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: <i>Roof</i>		<b>3. OCCUPANCY</b> <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:		<b>9. HVAC EQUIPMENT</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:		<b>12. ENERGY SOURCE</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar</td> </tr> <tr> <td>Space Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.				Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg							Water Htg						
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																										
Space Htg																																
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<b>2. AREA INVOLVED</b> Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:		<b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																								
				<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>14. EST. BUILDING COST</b> \$ <i>4500.00</i>																										

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

<b>APPLICANT'S SIGNATURE</b> <i>S.A. Housenga</i>		<b>DATE SIGNED</b> <i>10-28-2016</i>	
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<b>APPROVAL CONDITIONS</b> <i>New Roof</i>		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.	

Municipality Number of Dwelling Location <div style="font-size: 1.2em; font-weight: bold;">1 7 1 1 1</div>		PERMIT ISSUED BY:	
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<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>5.00</i>		<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		Name <i>George Entzminger</i> Date <i>10-28-16</i> Tel. <i>715-962-4402</i> Cert No.	
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Distribution: ☐ Copy 1 - Issuing Jurisdiction   ☐ Copy 2 - Owner/Agent   ☐ Copy 3 - Inspector



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ACCT

## POOLED CHECKING ACCOUNT

## Accounting Checks

Posted From: 12/12/2016 From Account:  
Thru: 12/25/2016 Thru Account:

Check Nbr	Check Date	Payee	Amount
73481	12/15/2016	AGSTAR FINANCIAL	205.43
73482	12/15/2016	ALPHA MEDICAL EQUIPMENT, INC.	106.52
73483	12/15/2016	BAUER BUILT TIRE	229.80
73484	12/15/2016	CEDAR COUNTRY CO-OP	564.00
73485	12/15/2016	CHARTER COMMUNICATIONS	190.20
73486	12/15/2016	COLFAX COMMUNITY FIRE DEPT	690.00
73487	12/15/2016	COLFAX MESSENGER	380.00
73488	12/15/2016	COMMERCIAL TESTING LAB	389.00
73489	12/15/2016	DIGGERS HOTLINE	25.60
73490	12/15/2016	DUNN CO HIGHWAY DEPT	99.45
73491	12/15/2016	DUNN COUNTY REGISTER OF DEEDS	51.50
73492	12/15/2016	DUNN COUNTY SOLID WASTE DIVISION	1,362.40
73493	12/15/2016	DUNN COUNTY TREASURER	485.12
73494	12/15/2016	DUNN ENERGY COOPERATIVE	89.00
73495	12/15/2016	DYNAMITETECH	20.00
73496	12/15/2016	EAU CLAIRE PRESS COMPANY	397.86
73497	12/15/2016	EXPRESS MART	497.34
73498	12/15/2016	GEORGE ENTZMINGER	100.00
73499	12/15/2016	HAWKINS, INC.	990.90
73500	12/15/2016	INDIANHEAD FEDERATED LIBRARY SYSTEM	427.04
73501	12/15/2016	KARL'S CHEVROLET	46.20
73502	12/15/2016	KYLES MARKET	11.98
73503	12/15/2016	MEDICA CLAIMS	70.32
73504	12/15/2016	MEDPRO MIDWEST GROUP	128.00
73505	12/15/2016	ORVILLE LARSON	30.00
73506	12/15/2016	POWERPLAN	603.86
73507	12/15/2016	STREICHER'S INC	264.00
73508	12/15/2016	TIM SWENSON	63.00
73509	12/15/2016	VIKING DISPOSAL	154.00
73510	12/15/2016	WATER CARE SERVICES	31.50
73511	12/15/2016	WI SCTF	63.62
73512	12/15/2016	WRWA	370.00
73513	12/15/2016	YOUNG ACTIVE VENTURES, LLC	400.00

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## POOLED CHECKING ACCOUNT

## Accounting Checks

Posted From: 12/12/2016 From Account:  
Thru: 12/25/2016 Thru Account:

Check Nbr	Check Date	Payee	Amount
73514	12/15/2016	ZOLL MEDICAL CORP	291.10
73515	12/16/2016	ARAMARK UNIFORM SERVICE, INC	280.64
73516	12/16/2016	CBS SQUARED, INC	298.99
73517	12/16/2016	E.O. JOHNSON	68.00
73518	12/16/2016	GP DESIGNS	216.25
73519	12/16/2016	INDIANHEAD TRUCK EQUIPMENT/NAPA	452.96
73520	12/20/2016	KATHLEEN SCHARLAU	400.00
EFTPS	12/15/2016	EFTPS-FEDERAL-SS-MEDICARE	5,852.07
WIDOR	12/15/2016	WI DEPARTMENT OF REVENUE	165.76
WIDOR	12/15/2016	WI DEPARTMENT OF REVENUE	1,714.84
AMAZON	12/20/2016	AMAZON.COM	291.47
BREMER	12/12/2016	CARDMEMBER SERVICE	853.94
WIDCOMP	12/15/2016	WISCONSIN DEFERRED COMPENSATION	155.00
VERIWIRE	12/16/2016	VERIZON WIRELESS	304.24
WEENERGIES	12/12/2016	WE ENERGIES	14.70
Grand Total			20,897.60