

**Village of Colfax
Village Board
Regular Meeting Agenda
Monday, May 8, 2017
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, April 24, 2017
 - b. Training Requests
 - i. Timothy Rundle– New employee safety training- Bloodborne Pathogens, Hazard Communication and Control of Hazardous Training -May 10, 2017 at Boyceville Community Center
 - ii. Megan Schleusner – EMT Basic class – June 12 to July 13, 2017
 - c. Facility Rental – none
 - d. Licenses
 - i. Operator's License – May 8, 2017 to June 30, 2017 – Bryce Kragness – Cedar Country Co-op
5. Communications – Village President
6. Consideration Items
 - a. Set Open Book Date – Tuesday, May 23, 2017 4 p.m. to 6 p.m. (revised)
 - b. Set Board of Review Date – Tuesday, May 30, 2017 5 p.m. to 7 p.m.
 - c. Review/Discuss Request for Proposal for Attorney Services
 - d. Salt Shed – 1903 Block
7. Review/Approval – Bills –April 21, 2017 – May 7, 2017
8. Committee/Department Reports – (NO ACTION)
 - a. Colfax Rescue Squad Monthly Report – April 2017
 - b. Administrator-Clerk-Treasurer Update
 - c. Building Permits – January through April 2017
 - d. Contact List updated (handout at the meeting)
 - e. 2017 Music in the Park Schedule (handout at the meeting)
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.

Regular Village Board Meeting – April 24, 2017

On April 24, 2017, the Village Board meeting was held at 7:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI. Members present: President Stene, Trustees Burcham, Rihn, Schieber, Wolff, Davis and Halpin. Others present included Public Works Director Bates, Police Chief Anderson, Administrator-Clerk-Treasurer Niggemann and Randy Simpson representing the Messenger.

Public Appearances – none.

Minutes- Regular Board Meeting Minutes, April 10, 2017 - A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the April 10, 2017 Regular Board minutes. A voice vote was taken with all members voting yes. Motion carried.

Minutes- Organizational Board Meeting Minutes, April 18, 2017 - A motion was made by Trustee Wolff and seconded by Trustee Rihn to approve the April 18, 2017 Organizational Board minutes. A voice vote was taken with all members voting yes. Motion carried.

Training Request – Lynn Niggemann/Sheila Riemer/Bill Anderson – Annual Refresher Training - A motion was made by Trustee Halpin and seconded by Trustee Rihn to approve the Annual Refresher training for Lynn Niggemann, Sheila Riemer and Bill Anderson on May 10, 2017. A voice vote was taken with all members voting yes. Motion carried.

Facility Rental – none.

Licenses

Six Month Class “B” License- Colfax Softball Association – May 1, 2017 to October 31, 2017- A motion was made by Trustee Rihn and seconded by Trustee Wolff to approve the Class “B” Licenses for the Colfax Softball Association at the Tom Prince Memorial Park for May 1, 2017 to October 31, 2017. A voice vote was taken with all members voting yes. Motion carried.

Operator’s License – April 24, 2017 to June 30, 2017 – Jasmine Hanson – A Little Slice of Italy – A motion was made by Trustee Halpin and seconded by Trustee Rihn to approve the Operator’s License for Jasmine Hanson. A voice vote was taken with six ayes and Trustee Schieber abstained. Motion carried.

Communications – Village President – none.

Colfax After Prom Party –CAPP Donation request – A motion was made by Trustee Halpin and seconded by Trustee Davis to approve a fifty dollar donation to the Colfax after Prom Party. A voice vote was taken with all members voting yes. Motion carried.

Advertising –Property Clean Up – A motion was made by Trustee Halpin and seconded by Trustee Wolff to advertise in the Messenger and make some posters to be displayed at local businesses regarding Property Clean Up. A voice vote was taken with all members voting yes. Motion carried.

Advertising – East View Development – Discussion of places to get the East View Development advertised included the Home Magazine, Parade of Homes magazine, Facebook advertising, the Messenger and Craigslist. No action required.

Review/Approval – Bills –April 10, 2017 to April 20, 2017– A motion was made by Trustee Rhin and seconded by Trustee Wolff to approve the bills for April 10 to April 20, 2017. A voice vote was taken with all members voting yes. Motion carried.

Adjourn: A motion was made by Trustee Halpin and seconded by Trustee Schieber to adjourn the Village Board meeting at 7:37 p.m. A voice vote was taken with all members voting yes. Motion carried.

Gary Stene, Village President

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Meeting / Continuing Education Travel / Meeting Request Form

Name Timothy Rundle
Date 4/25/2017

Position Public Works Laborer
Department Water, Sewer, Streets, Parks
Estimated Costs 0.00
Employee is / not required to attend (circle one)

Date(s) of meeting 05/10/2017

Name of Requested meeting New Employee Training

How will this improve your ability to perform your job? The course is the annual refresher for safety items that are required for the safety program with the Village is part of through Advances Safety Technology, Inc. The 2017 New Employee Training Agenda: Bloodborne Pathogens, Hazard Communication and Control of Hazardous Training.

What alternatives are there to attending this meeting? (In- house resources, literature review, participation in meetings closer to Eau Claire, etc.) This will be the closest location. The safety training must be taken through this agency.

How will you share what you have learned with others? Continue and learn safety techniques.

Please include any additional comments on the back of this form

Expense Estimate:		Requested	4-25-17	Approved
Tuition / Registration	0.00	<div style="border: 1px solid black; padding: 5px;"> *Are others attending this meeting YES / NO BUT the other will only be there for two hours. Lynn, Sheila and Bill </div>		
Mileage / Airfare	0.00			
Lodging	0.00			
*Would like the Registration Fee Miscellaneous pre paid and mailed with your registration YES / NO				
Total	0.00			
Time Request:	Yes	Requested	4-25-17	Approved
Number of days absent:	1 day			
From Work Setting	1 day			
Vacation	No			
Paid Conference Time	Yes			
Absent Without Pay (own time)	No			
Other	NA			

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

Rand Bath
Supervisor

4-25-17
Date

Colfax Clerk Treasurer

From: Mary Matarrese <mmatarrese.astinc@yahoo.com>
Sent: Monday, April 10, 2017 4:28 PM
To: colfaxdpw@colfaxdpw.com; DWWTP@Nelson-Tel.Net; baldpw@baldwin-telecom.net; hammondww@centurytel.net; clww@cltcomm.net; waterworks54725@hotmail.com; mark@elkmound.org; clerktreasurer@villageofcolfaxwi.org
Subject: UPCOMING TRAINING REMINDER

The training reminder listed below is for any new employees or employees who have not taken the initial training class.

UPCOMING TRAINING REMINDER:

CLASS: BLOODBORNE PATHOGENS, HAZARD COMMUNICATION, AND
CONTROL OF HAZARDOUS TRAINING

DATE: WEDNESDAY, MAY 10, 2017

START TIME: 8:00 AM

LOCATION: BOYCEVILLE COMMUNITY CENTER, 1233 CHARLOTTE STREET

Thanks, have a good day.
Mary

Mary Matarrese
Advanced Safety Technology, Inc.
262-796-8605

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2015 to June 30, 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 18 years of age.

Bryce Kragness

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Bryce Kragness

Address of Applicant E 7622 North County Rd E Elk Mound, WI 54739

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

NA

Date of such conviction NA

Name of Court NA

Nature of offense NA

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

NA

Bryce Kragness

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Bryce Kragness, 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 4/13/17

Bryce Kragness
Applicant sign here

day of April

Margaret Burcham

Notary Public, Dunn County, Wis.

Margaret Burcham

Notary Public-State of Wisconsin

My Commission Expires Dec 16, 2019

4-17-17

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 Bryce Kenneth Kragness

Business/Organization Name Cedar Country Co-op Genex

Full Prior Names (nicknames, maiden names, etc.) _____

Date of Birth _____ Place of Birth _____

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? NA
If yes, list offense, date and place occurring. _____

List prior addresses for the past five years E 7622 North County Rd E
Elk Mound, WI 54739

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

- 1) Charles L. Brogan
- 2) Kayla J. Brogan
- 3) Brittney Mooney

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

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

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 Bryce Kragness Date 4-13-17

Official Use Only-Below This Line

Date Received 4/13/2017 Date Approved 4/19/2017 Date Denied _____

Researcher Colfax Police Approving Officer Signature [Signature]

WISCONSIN

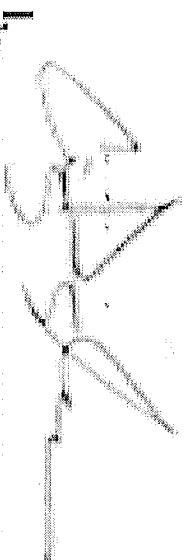
SELLER / SERVER CERTIFICATION

Trainee Name: Bryce Kragness

School Name: 360training.com, Inc.

Date of Completion: 04/12/2017

Certification # WI-56367



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
13601 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800.442.1149

Meeting / Continuing Education Travel / Meeting Request Form

Name Megan SchleusnerPosition EMTDate 5/05/2017Department Colfax Rescue SquadEstimated Costs \$898.90Date(s) of meeting June 12 to July 13, 2017Employee (s) / not required to attend (circle one)Name of Requested meeting: EMT Basic ClassHow will this improve your ability to perform your job? Basic skill set to render aid to the community.What alternatives are there to attending this meeting? (In- house resources, literature review, participation in meetings closer to Eau Claire, etc.) NoneHow will you share what you have learned with others? Helping the community.

Please include any additional comments on the back of this form

Expense Estimate:	X	Requested	4/21/2017	Approved
Tuition / Registration	\$728.90 class + \$170 testing	*Are others attending this meeting NO		
Mileage / Airfare	0.00	names are listed above (If yes, list names)		
Lodging	0.00			
*Would like the Registration Fee Miscellaneous pre paid and mailed with your registration YES				
Total	\$898.90			
Time Request:	NA	Requested	NA	Approved
Number of days absent:	NA			
From Work Setting	NA			
Vacation	NA			
Paid Conference Time	NA			
Absent Without Pay (own time)	NA			
Other				

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

Donald R. Kuntz
Supervisor

5-5-17
Date

per Agreement Signed 5-5-17

Colfax Clerk Treasurer

From: Donald Knutson <dknutson@colfaxrescue.us>
Sent: Friday, April 08, 2016 11:52 AM
To: Lynn Niggemann
Subject: EMT BASIC class info.

Emergency Medical Technician

In this 5-credit certificate you can choose from one of the following courses: Emergency Medical Technician or Advanced EMT. The Emergency Medical Technician (EMT) class consists of 180 hours of course work and adheres to all national and state guidelines. Classes are usually held two sessions per week for a semester. Graduates of the course are eligible to participate in the National Registry examination to become licensed as Emergency Medical Technicians in the State of Wisconsin. Advanced EMT is a 150-hour course which adheres to state guidelines and prepares experienced EMTs in advanced life support, including IVs, and administration of select medications offered upon request.

Estimated Certificate Cost:

Total Tuition & Fees: \$728.90

Donald R. Knutson

Donald R. Knutson A.E.M.T.

Director

Colfax Rescue Squad

Phone: 715*962*3049

Cell 715*933*4586

Fax 715*962*2032

dknutson@colfaxrescue.us

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy, or distribute this e-mail message or its attachments. If you believe you have received this e-mail message in error, please contact the sender by reply e-mail and telephone immediately and destroy all copies of the original message.

“Next to creating a life, the finest thing humans can do is save one.” Abraham Lincoln

Colfax Emergency Medical Services

Colfax Rescue

Condition of Employment Agreement

I, Megan Schleusner, acknowledge that by accepting employment with Colfax Rescue as a Paid on call volunteer EMT, I am agreeing to the following condition of employment: Should I resign my employment voluntarily or be fired for cause within the first 24 months of my hire date I agree to reimburse Colfax Rescue the full cost of my pre-employment medical examinations. I also agree to reimburse Colfax Rescue for any and all training related expenses to gain certification which I did not possess at the time of hire. I understand these conditions and agree to accept such conditions of employment from Colfax Rescue. I hereby authorize Colfax Rescue to deduct any reimbursement from my wages and shall be responsible for any amount which my wages do not cover. Colfax Rescue will pursue collections from outside sources if not reimbursed.

In circumstances not addressed here, the Chief's discretion will prevail.

Agreed to this 5th day of May, 2017.

Printed name: Megan Schleusner

Signature: Megan Schleusner

Chief Signature _____

Colfax Rescue

Tel: 715*962*3049
Fax: 715*962*2032

614C Railroad Ave
PO Box 417
Colfax WI 54730

Donald Knutson Director/Chief
dknutson@colfaxrescue.us

Village of Colfax

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

Gary Stene, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

Request for Proposal for Attorney Services

The Village of Colfax is seeking proposals for municipal attorney services to provide general legal services from a qualified firm or attorney licensed to practice in the state of Wisconsin. The proposal should include a current fee schedule and indicate whether the fee schedule varies for different types of legal work or by attorney and any additional charges that may be billed such as travel fees. The proposal deadline is May 31, 2017.

The full Request for Proposal can be found on the Village website, www.villageofcolfaxwi.org, can be requested via email or available for pickup at the Village Clerk's office, 613 Main Street, Colfax, WI.

For further information please contact Lynn Niggemann, 715-962-3311.

VILLAGE OF COLFAX

PROPOSAL FOR LEGAL SERVICES

I. STATEMENT OF PURPOSE

The Village of Colfax invites attorneys qualified to practice law in the state of Wisconsin to submit a proposal to provide general legal services for the Village.

This RFP and the interview process will be performed by a committee OR Village Board.

II. GENERAL INFORMATION

The Village of Colfax is located in Dunn County and is in need of legal services as a result of the retirement of their longtime Village attorney. The Village of Colfax has an estimated population of 1161 and is served by a Village President and six Trustees. The Village employs an Administrator, has a Police Department, Emergency Medical Service, Public Works Department and a Library. The Village utilizes the Dunn County Court System.

III. SERVICES TO BE PROVIDED

- A. Provide general legal counsel for the Village, Village Board and officials of the Village. When requested by authorized personnel, the attorney shall give written legal opinions, which are to be filed with the Village.
- B. Serve as prosecutor in the Court and handle appeals from Court.
- C. Function as legal advisor to all Departments of the Village represent the Village in legal matters as requested.
- D. Draft ordinances, resolutions, contracts, and other documents as may be required by the Village Board and/or Village officials.
- E. Apprise Village officials as needed about changing laws and other legal matters that may be of interest and/or concern to the Village.
- F. Render oral advice to the Village Board members and Village Staff.
- G. Assist, as necessary, in the processing of insurance claims and coordinate with the various insurance carriers.
- H. Attend meetings of Village bodies as requested.

Legal services will be primarily limited to general inquiries, support and prosecution.

IV. PROPOSAL REQUIREMENTS

Submittals should include responses to each of the following items. Include other information as appropriate to address the services the Village can expect from the attorney.

- A. Profile and history of yourself and your firm, including attorneys in the firm, and a list of the principals. Indicate the attorney(s) who will be responsible for the work performed for the Village.
- B. A listing of all current and past municipal government clients including the name and telephone number of the client contact.
- C. Current fee schedule. Indicate whether the fee schedule varies for different types of legal work or by attorney. Be sure to include travel fees as well.

V. EVALUATION CRITERIA

Submittals will be evaluated based on the following criteria:

- A. Qualifications and experience of the attorney and/or firm in working with municipal government.
- B. Experience and availability of staff assigned to serve the Village.
- C. Scope and cost of services.
- D. References.

VI. TERMS AND CONDITIONS

- A. The Village reserves the right to accept or reject any or all proposals. The Village reserves the right to award a contract to the next most qualified attorney/firm if the successful attorney/firm does not execute a contract within thirty (30) days after award of the proposal.
- B. The Village reserves the right to request clarification of the information submitted and to request additional information of one or more applicants.
- C. The attorney's/firm's proposal must be received at the address below:

Village of Colfax
Attn: Lynn Niggemann
613 Main Street
Colfax, WI 54730

- D. All questions regarding this request for proposals should be addressed to Lynn Niggemann, Village Administrator, at (715) 962-3311 or clerktreasurer@villageofcolfaxwi.org.

TENTATIVE SELECTION SCHEDULE

The following tentative schedule will be followed for selection of an attorney:

- A. May 17, 2017-RFP advertised and mailed to attorneys
- B. May 31, 2017- Proposals due
- C. June 5, 2017-Selection of firms for interviews and scheduling
- D. June 6-9, 2017-Interviews with selected attorneys/firm
- E. June 12, 2017-Colfax Village Board reviews recommendation for appointment
- F. July 1, 2017-Term of appointment commences

5/04/2017 2:27 PM

Reprint Check Register - Quick Report - ALL

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ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 4/21/2017 From Account:
Thru: 5/07/2017 Thru Account:

Check Nbr	Check Date	Payee	Amount
UHC	4/27/2017	UHS PREMIUM BILLING	915.44
XCEL	4/28/2017	XCEL ENERGY	5,075.96
73808	4/25/2017	AMERICAN MATERIALS	398.63
73808	4/25/2017	AMERICAN MATERIALS	-398.63
73812	4/27/2017	24-7 TELCOM	24.95
73813	4/27/2017	ALL SEASON TIRE PROS	77.95
73814	4/27/2017	AMERICAN MATERIALS	377.85
73815	4/27/2017	BOUND TREE MEDICAL, LLC	65.58
73816	4/27/2017	CAPP (COLFAX AFTER PROM PARTY)	50.00
73817	4/27/2017	CENTER POINT LARGE PRINT	25.17
73818	4/27/2017	CENTURY LINK	45.16
73819	4/27/2017	CHIPPEWA VALLEY EXCAVATING	1,780.00
73820	4/27/2017	CITY OF EAU CLAIRE	1,208.28
73821	4/27/2017	DUNN CO HIGHWAY DEPT	457.90
73822	4/27/2017	DUNN COUNTY CLERK	239.50
73823	4/27/2017	DUNN COUNTY SOLID WASTE DIVISION	1,362.40
73824	4/27/2017	DYNAMITE CLOUD	210.00
73825	4/27/2017	EMILY OTTINGER	10.00
73826	4/27/2017	HAWKINS, INC.	918.00
73827	4/27/2017	HENRY SCHEIN	220.64
73828	4/27/2017	HUEBSCH	140.92
73829	4/27/2017	INDIANHEAD FEDERATED LIBRARY SYSTEM	142.00
73830	4/27/2017	MENARDS-EAU CLAIRE	123.06
73831	4/27/2017	MICRO MARKETING LLC	102.88
73832	4/27/2017	NORTH WATERS PRESS	14.00
73833	4/27/2017	OFFICE DEPOT	180.99
73834	4/27/2017	PUBLIC SERVICE COMMISSION OF WI	88.01
73835	4/27/2017	QUILL CORP.	231.68
73836	4/27/2017	SYDNEY TANNER	30.00
73837	4/27/2017	WAL MART COMMUNITY/GEGRB	65.13
73838	4/27/2017	WEA INSURANCE TRUST	9,601.52
73839	4/27/2017	WI SCTF	63.62
73840	4/27/2017	WOODS RUN FOREST PRODUCTS	41.80

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Reprint Check Register - Quick Report - ALL

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ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 4/21/2017 From Account:
Thru: 5/07/2017 Thru Account:

Check Nbr	Check Date	Payee	Amount
73841	4/27/2017	WRWA	125.92
73842	4/27/2017	ZOLL MEDICAL CORP	266.50
73844	5/03/2017	WI SCTF	63.62
AFLAC	4/28/2017	AFLAC	421.02
EFTPS	4/27/2017	EFTPS-FEDERAL-SS-MEDICARE	7,525.85
EFTPS	5/04/2017	EFTPS-FEDERAL-SS-MEDICARE	5,404.16
WIDOR	4/27/2017	WI DEPARTMENT OF REVENUE	1,073.70
WIDOR	5/04/2017	WI DEPARTMENT OF REVENUE	861.14
WIDOR	5/04/2017	WI DEPARTMENT OF REVENUE	300.00
WIETF	5/02/2017	WI DEPT OF EMPLOYEE TRUST FUNDS	5,305.16
AMAZON	4/25/2017	AMAZON.COM	1,446.71
CHARTER	4/28/2017	CHARTER COMMUNICATIONS	525.90
WIDCOMP	4/21/2017	WISCONSIN DEFERRED COMPENSATION	255.00
WIDCOMP	5/04/2017	WISCONSIN DEFERRED COMPENSATION	255.00
Grand Total			47,720.07

Colfax Rescue

April 2017 Report

Municipalities Responded To:

Village of Colfax	9
Village of Elk Mound	3
Township of Elk Mound	6
Village of Wheeler	5
Township of Otter Creek	2
Township of Sand Creek	1
Total	26

Receiving Facilities:

Mayo Clinic Health Systems Eau Claire	7
Mayo Clinic Health Systems Menomonie	7
HSBS Sacred Heart	5
Lake View Medical Center	1
<u>Cancelled/Refused/No Transport/Standby</u>	<u>6</u>
Total	26

Financials:

Billed Out	\$21,393.16
Collected	\$11,507.46

C.R.S. Notes

- Horse shows in Otter Creek will be starting up again this month. CRS covers these events as a contracted event.
- Don will be having his first surgery of the year May 8, 2017 and will be in the office as tolerated in the month of May. I will be receiving emails at home however. dknutson@colfaxrescue.us
- You may see our staff in class B uniforms (everyday) at their expense in place of our class A uniforms (gray with a badge) provided to them by CRS. Because of the dangers recently of EMS workers being targets of violence across the country. This will make us less police like and maybe reduce the likelihood of being shot at?
- M-7 had an alignment and was found to be out of adjustment. M-8 will be scheduled shortly as All Season Tire recommended it be performed annually to prevent excessive wear on the tires.
- Myself and the Village of Colfax Board are currently working on completing the disaster plan for the Village. I am sure when it is completed the Village would be willing to share the document with the neighboring communities as a template for their use if needed.
- Last year Colfax School requested that the ambulance be at the track sectionals because of the amount of kids present. This will be May 25th.
- April 26th Colfax third graders toured CRS as well as other local points of interest (firehall, fair grounds. Prince Field, Railroad Museum, Colfax Health and Rehab).
- Dunn County announced replacement house numbers for rural Dunn County are now available (\$30.00) they will be two sided and mount on the pole like an upside-down L and will be placed perpendicular to the road. Village residences still are not 100% compliant with house numbers. As a reminder CRS still makes the blue reflective signs at cost (Approx. \$10.00) for Residents in our district.
- We did have a vendor stop by to show us an ambulance even though we are still 3-4 years away from purchasing an ambulance. The interesting part is the vendor was the second to tell me of the \$7,000.00 price increase that happened Jan 1. The other person I heard this from the Chetek ambulance Director.

Administrator-Clerk-Treasurer Report

May 4, 2017

Public Property Committee meeting – TBD

Parks Committee meeting – Tentative Wednesday, May 10 at 7 p.m.

Planning Commission meeting – TBD

Streets Committee meeting- TBD

Public Safety Committee meeting – May 15, 2017 at 5:30 p.m. at the Rescue Squad

Street Repairs – Working on a RFP for South Cedar Street -pulverize and resurface project.

Salt Shed – T & R Recycling has taken the salt shed down. Discussion is still occurring about the slab that the building was sitting on.

Thank you to the High School Students – The student participated in a Village clean up by going out and picking up garbage from the ditches and roadsides. Your services were noticed.



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
2/10/2017	Nelson	Final Inspection/Occupancy	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

March

Date	Customer	Service	Pass/Fail	Project
3/28/2017	Tuschl	Permit Issued		Remodel

Weber Inspections

2921 Ingalls Road, Menomonie, WI 54751 715-556-0066

Building Permit

Village of Colfax

Date 3/28/17

Issued to: Brian Tuschl

Address: 608 Iverson Rd. , Colfax, Wis.

Project: Install 2 egress windows in existing home

Permits Issued:

Inspections Needed:

☐

Yes

☐

No

	Cost
Construction	\$75.00
HVAC	
Electrical	
Plumbing	
Erosion Control	
Total	\$ 75.00

Paid

Phase	Rough	Final
Footing		
Foundation		
Basement Drain Tiles		
Construction	x	
Plumbing		
Heat/Vent/AC		
Electrical		
Insulation		
Occupancy		



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

April

Date	Customer	Service	Pass/Fail	Project
------	----------	---------	-----------	---------

4/6/2017	Tuschl	Rough Construction	Passed	
4/13/2017	Market & Johnson	Permit Issued		Remodel
4/17/2017	Nabbefeld	Permit Issued		Remodel

Weber Inspections

2921 Ingalls Road, Menomonie, WI 54751 715-556-0066

Building Permit

Village of Colfax

Date 4/17/17

Issued to: Scott Nabbefeld

Address: 104 Viking Dr. , Colfax, Wis.

Project: 18' x28' addition to existing garage.

Permits Issued:

Inspections Needed:

☒

Yes

☐

No

	Cost
Construction	\$75.00
HVAC	
Electrical	\$8.00
Plumbing	
Erosion Control	
Total	\$ 83.00

Paid

Phase	Rough	Final
Footing	x	
Foundation		
Basement Drain Tiles		
Construction	x	
Plumbing		
Heat/Vent/AC		
Electrical	x	
Insulation		
Occupancy		

Weber Inspections

2921 Ingalls Road, Menomonie, WI 54751 715-556-0066

Building Permit

Village of Colfax

Date 4/13/17

Issued to: Market & Johnson / Justin Geissler - Agent

Address: 2350 Galloway St., Eau Claire, Wis. 54701

Project: Remodel Colfax School - ID # 2923958 - Site ID #130355

Permits Issued:

Permission to start construction has granted by the State, a copy of the final plans will be sent to the Village when approved

	Cost
Construction	\$75.00
HVAC	
Electrical	
Plumbing	
Erosion Control	
Total	\$ 75.00

Chg.

Inspections Needed:

☐

Yes

☒

No

Phase	Rough	Final
Footing		
Foundation		
Basement Drain Tiles		
Construction		
Plumbing		
Heat/Vent/AC		
Electrical		
Insulation		
Occupancy		

DIVISION OF INDUSTRY SERVICES
PO BOX 7302
MADISON WI 53707-7302
Contact Through Relay
<http://dsps.wi.gov/programs/industry-services>
www.wisconsin.gov

Scott Walker, Governor
Laura Gutiérrez, Secretary



April 11, 2017

CUST ID No. 270645

ATTN: Buildings & Structures Inspector

THOMAS TWOHIG
SDS ARCHITECTS
7 S DEWEY ST
EAU CLAIRE WI 54701

MUNICIPAL CLERK
VILLAGE OF COLFAX
PO BOX 417
COLFAX WI 54730-0417

PERMISSION TO START CONSTRUCTION

SITE:

School District of Colfax
601 University Ave
Village of Colfax, 54730
Dunn County; Fire Dept ID: 1706

FOR:

Facility: 736098 **SCHOOL DISTRICT OF COLFAX**
601 UNIVERSITY AVE
COLFAX 54730

Identification Numbers
Transaction ID No. 2923958
Site ID No. 130355
Please refer to both identification numbers, above, in all correspondence with the agency.

Object Type: Building ICC Regulated Object ID No.: 1698356 Code Applies Date: 03/28/17
Alteration Level: 2; Major Occupancy: Educational; Type IIB Metal Frame Unprotected class of construction; Addition-Alteration plan; 19,143 project sq ft; Unsprinklered

The Department of Safety & Professional Services has received construction plans for review for the subject project, submitted in accordance with the provisions of SPS 361.32, accompanied by the owner's request to begin construction work on the footings and foundations prior to departmental review and approval.

This letter will serve as the department's permission to the local building officials to allow construction of the footings and foundations only, for the subject project prior to review and approval by this department.

NO REVIEW OF THE SUBMITTED DOCUMENTS HAS BEEN UNDERTAKEN BY THE DEPARTMENT AT THIS TIME FOR CODE COMPLIANCE.

In accordance with the provisions of the owner's signed request to begin construction prior to departmental review and approval, the owner will be required to make any changes after the plans have been reviewed, and to remove or replace non-code complying parts of the foundations and/or footings.

Weber Inspections

2921 Ingalls Road, Menomonie, WI 54751 715-556-0066

Building Permit

Village of Colfax

Date 4/13/17

Issued to: Market & Johnson / Justin Geissler - Agent

Address: 2350 Galloway St., Eau Claire, Wis. 54701

Project: Remodel Colfax School - ID # 2923958 - Site ID #130355

Permits Issued:

Permission to start construction has granted by the State, a copy of the plans will be sent to the Village when approved

	Cost
Construction	\$75.00
HVAC	
Electrical	
Plumbing	
Erosion Control	
Total	\$ 75.00

Inspections Needed:

☐

Yes

☒

No

Phase	Rough	Final
Footing		
Foundation		
Basement Drain Tiles		
Construction		
Plumbing		
Heat/Vent/AC		
Electrical		
Insulation		
Occupancy		

Chg. Paid 4/27/17

State approval received 4/27/17

Project can be finished F.W.

DIVISION OF INDUSTRY SERVICES
PO BOX 7302
MADISON WI 53707-7302
Contact Through Relay
<http://dsps.wi.gov/programs/industry-services>
www.wisconsin.gov
Scott Walker, Governor
Laura Gutiérrez, Secretary



April 24, 2017

CUST ID No. 270645

ATTN: Buildings & Structures Building Inspector

THOMAS TWOHIG
SDS ARCHITECTS
7 S DEWEY ST
EAU CLAIRE WI 54701

MUNICIPAL CLERK
VILLAGE OF COLFAX
PO BOX 417
COLFAX WI 54730-0417

CONDITIONAL APPROVAL

(Please forward a copy of this letter to the fire department conducting inspections of this project.)

PLAN APPROVAL EXPIRES: 04/24/2019

SITE:

School District of Colfax K-12
601 University Ave
Village of Colfax, 54730
Dunn County; Fire Dept ID: 1706

FOR:

Facility: 606929 COLFAX SCHOOL DISTRICT K-12
601 UNIVERSITY AVE
COLFAX 54730

Identification Numbers
Transaction ID No. 2923958
Site ID No. 130355
Please refer to both identification numbers, above, in all correspondence with the agency.

Object Type: Building ICC Regulated Object ID No.: 1698356 Code Applies Date: 03/28/17
Alteration Level: 2; Major Occupancy: Educational; Type IIB Metal Frame Unprotected class of construction; Addition-
Alteration plan; 19,143 project sq ft; Unsprinklered; HVAC ICC; Allowable area determined by: Fire Walls

Object Type: HVAC ICC System Regulated Object ID No.: 1698357 Code Applies Date: 03/28/17
19,143 sq ft Area Heated

SITE REQUIREMENTS

- Contact both the State Inspector and the local municipality PRIOR to the start of construction.
- A full size copy of the approved plans, specifications and this letter shall be on-site during construction and open to inspection by authorized representatives of the Department, which may include local inspectors. If plan index sheets were submitted in lieu of additional full plan sets, a copy of this approval letter and index sheet shall be attached to plans that correspond with the copy on file with the Department. If these plans were submitted in an electronic form, the designer is responsible to download, print, and bind the full size set of plans along with our approval letter. A department electronic stamp and signature shall be on the plans which are used at the job site for construction.

The following conditions shall be met during construction or installation and prior to occupancy or use:

- **IBC 1018.4** - Where more than one exit or exit access doorway is required, the exit access shall be arranged such that there are no dead ends in corridors more than 20 feet in length, unless an exception is met. Door 300C is revised to have one leaf swing opposite of the other. Provide a code compliant exit sign on both sides of double door C300C.
- **IBC 1008.1.2** - All egress doors shall be pivoted or side hinged unless a listed exception can be met. Doors shall swing in the direction of egress travel where serving an occupant load of 50 or more persons or a high-hazard occupancy. Refers to new area B that needs 2 exits. Door 300C is revised to have one leaf swing opposite of the other. Provide a code compliant exit sign on both sides of double door C300C.
- **IBC 706.6 Exception 3** - Fire walls shall be permitted to terminate at the underside of noncombustible roof sheathing, deck or slab with no parapet where both buildings are provided with not less than a Class B roof covering. No roof openings are permitted within 4 feet of each side of a fire wall.

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. <div style="font-size: 1.2em; font-family: cursive;">2018-7-1</div>
		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 <i>Miranda Morrell</i>		Mailing Address <i>109 River St. Colfax, WI</i>		Tel. <i>715-963-6627</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#	

PROJECT LOCATION		Lot area _____ Sq. ft.		_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W	
Building Address <i>109 River St.</i>		Subdivision Name		Lot No.	
Block No.		Zoning District(s)		Zoning Permit No.	
Setbacks:		Front _____ ft.		Rear _____ ft.	
Left _____ ft.		Right _____ ft.			

1. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move	3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	6. ELECTRICAL Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	9. HVAC EQUIPMENT <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:	12. ENERGY SOURCE <table style="width:100%; 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></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																										
Water Htg																										
2. AREA INVOLVED Unfin. Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD		7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:		10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:																				
5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet, "Total Building Heating Load" on WIScheck report)																				
				14. EST. BUILDING COST \$ <i>5,000.00</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 *Miranda Morrell* **DATE SIGNED** *1-25-2017*

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.
<i>Remodeling</i>	

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

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
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 <u>George Entzminger</u> Date <i>1-25-17</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		VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION				Application No. <div style="font-size: 1.5em; font-family: cursive;">2017-2</div>																						
						Parcel No.																						
PERMIT REQUESTED <input checked="" type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control Other:																												
Owner's Name Todd & Melissa Hodowanic			Mailing Address 609 County Road M Colfax, WI 54730			Tel. 715-827-0091																						
Contractor's Name: <input checked="" type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg Your Home Improvement Co email: permits@yhic.com			Lic/Cert# 995219		Mailing Address 3900 Roosevelt Rd Ste 125 Saint Cloud, MN 56301		Tel. 320-230-9182 ext 117 FAX# 320-230-9189																					
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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PROJECT LOCATION		Lot area _____ Sq. ft.		_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W																								
Building Address 609 County Road M Colfax, WI 54730		Subdivision Name		Lot No.		Block No.																						
Zoning District(s)		Zoning Permit No.		Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.																								
1. PROJECT <input checked="" 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>Roof</i>		3. OCCUPANCY <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		6. ELECTRICAL Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		9. HVAC EQUIPMENT <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:																						
2. AREA INVOLVED Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft		4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:		12. ENERGY SOURCE <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"/>																						
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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 4/14/17																								
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.																												
Description of work : Replace approx. 12.5sq roofing <div style="font-size: 1.5em; font-family: cursive;">New Roof</div>																												
				Municipality Number of Dwelling Location <div style="font-size: 1.5em; font-family: cursive;">1 7 1 1 1</div>																								
FEES: Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ 5.00		PERMIT(S) ISSUED <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		PERMIT ISSUED BY: Name <i>George Entemirgal</i> Date 4-17-17 Tel. 715-962-4402 Cert No. _____																								

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

1800-557-2701 Ex 1. 17

[illegible]