

Village of Colfax
Village Board Meeting
Monday, July 9, 2018 @ 7 p.m. – Regular Board Meeting
Village Hall
613 Main Street, Colfax, WI 54730

1. Call to Order
2. Roll Call
3. Public Comments
4. Communications from the Village President
5. Consent Agenda
 - a. Minutes
 - i. Regular Board Meeting Minutes –June 25, 2018
 - b. Training Request – none
 - c. Facility Rental - none
 - d. Licenses
 - i. Operator's License – Taliah Eiseth – Cenex – July 9, 2018 to June 30, 2019
 - ii. Operator's License – Dailyn Mortenson – Express Mart – July 9, 2018 to June 30, 2019
 - iii. Operator's License – Cheyanne Hawkins – The Blind Tiger – July 9, 2018 to June 30, 2019
 - iv. Operator's License – Tarris Turner- American Legion Post 131–July 9, 2018 to June 30, 2019
 - vi. Chicken License – Sarah Teele – July 9, 2018 to June 30, 2019
 - vii. Chicken License- JoAnn Mayfield – July 9, 2018 to June 30, 2019
6. Consideration Items
 - a. Vietnam Veterans Memorial update
 - b. Request to purchase scrap meters from the Village of Colfax
 - c. Rescue Squad Medic 7 Maintenance discussion
 - d. Operator's License application update consideration
7. Review/Approval – Bills – June 25, 2018 to July 8, 2018
8. Committee/Department Reports – (no action)
 - a. Building Permits- June 2018
 - b. Police Department June 2018 Report
 - c. Rescue Squad June 2018 Report
 - d. Village Administrator-Clerk-Treasurer Report
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 – June 25th, 2018

On June 25th, 2018, the Village Board meeting began at 7:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI 54730. Members present: Village President Gary Stene, Trustees Halpin, Davis, Wolff, Jenson, K. Burcham and M. Burcham. Others Present: Erick Turner with the Dunn County Economic Development Group, Herbert and Beverly Sakalaucks representing the Colfax Railroad Museum, Rick Johnson, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Public Appearances – Turner talked about a focus that the Dunn County Economic Development has right now, Talent coming and/or staying in Dunn County. Through surveys, it was discovered that poor broadband was a reason people were not interested in living in Dunn County. Typically a home with good broadband will sell at approximately 3 percent more than a house with poor broadband. A business is typically an 8 percent difference.

Regular Board Meeting Minutes – June 11, 2018 – A motion was made by Trustee Halpin and seconded by Trustee Jenson to approve the minutes from the June 11th, 2018 Regular Board meeting. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff, Davis, Halpin, and Stene. Voting Against: none. Motion carried.

Licenses

July 1, 2018 to June 30, 2019 – Domesticated Chickens License – Heather Pyka - A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the chicken license for Heather Pyka for July1, 2018 to June 30, 2019. Voting For: Trustees Halpin, Davis, Wolff, Jenson, M. Burcham, K. Burcham and Stene. Voting Against: none. Motion carried.

July 1, 2018 to June 30, 2019 – Operator’s Licenses

Lisa Smestuen, Evia Gehrman, Mary Roehl, Jasmine Hanson, Michael Buchner, Mark Johnson, Shanna Sundstrom, Seth Sikora, Alexandra Popple, Angela Swenby, Gary Stene, Cary Davis, Deborah Huebsch, Peggy Wallace, Jessica Checkalski and Sally Steinke.

A motion was made by Trustee Wolff and seconded by Trustee Halpin to approve the Operator’s Licenses for July 1, 2018 to June 30, 2019 for all requests listed above. Voting For: Trustees K. Burcham, M. Burcham, Wolff and Halpin. Abstained: Trustees Jenson, Davis and Stene. Voting Against: none. Motion carried.

Consideration Items

Planning Commission Recommendation-Soo Park – Turner spoke in favor of the Railroad Museum getting the Soo Park land. He linked the Museum with tourism and feels that land contribution would be a great asset to the Colfax Railroad Museum. Sakalaucks gave a list of items that the Railroad Museum has been working on. Items that are expected to be completed this summer are: the mini track through Dunn County Foundation Grant funds, speeder shed and fencing, the blue rail car siding, the red caboose and the green car’s interior lumber. 2018-2019 school year the Steam Engine will possibly be a high school project.

The Planning Commission’s recommendation was to not accept the offer of \$3,500 for Outlot 1 and Outlot 2, Soo Park.

A motion was made by Trustee K. Burcham and seconded by Trustee Halpin to go with the recommendation of the Planning Commission to not accept the offer of \$3,500 for Outlot 1 and Outlot 2 until a business plan is developed with a timeline. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff, and Halpin. Voting Against: Trustees Davis and Stene. Motion carried.

Street Opening Fees – A motion was made by Trustee K. Burcham and seconded by Trustee Davis to bill back the actual cost to the homeowner for the street opening fees. Voting For: Trustees K. Burcham, M. Burcham, Jenson, Wolff and Davis. Voting Against: Trustees Halpin and Stene. Motion carried.

Dairy State Bank Resolutions 2018-03 to 2018-08 -Name Change – Dairy State Bank requires a new resolution to recognize the name change from Anne Scheiber to Anne Jenson. A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to approve the name change for the Resolutions 2018-03 to 2018-08. Voting For: Trustees Halpin, Davis, Wolff, M. Burcham and K. Burcham. Abstained: Trustees Jenson and Stene. Voting Against: none. Motion carried.

Review/Approval – Bills –June 11, 2018 to June 24, 2018 – A motion was made by Trustee Halpin and seconded by Trustee M. Burcham to approve the bills for June 11, 2018 to June 24, 2018. Voting For: Trustees Halpin, Davis, Wolff, Jenson, M. Burcham, K. Burcham and Stene. Voting Against: none. Motion carried.

Adjourn – All business was discussed. Meeting adjourned at 8:13 p.m.

Gary Stene, Village President

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

APPROVED

6-11-18

July 1, 2018 - June 30, 2019

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, 2018 to June 30, 2019, 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 33 years of age.

Tali R. Eiseth

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tali R. Eiseth

Address of Applicant N7595 510th Street Menomonie, WI 54751

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

Tali R. Eiseth

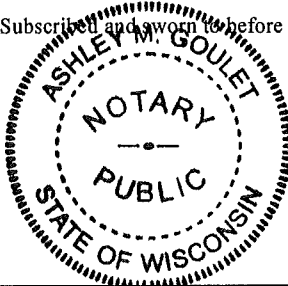
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Tali Eiseth 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 before me this 10th day of May, 2018



Ashley M. Goulet

Signature of Applicant

Notary Public, Dunn County, Wis.

Commission Expires: 10-23-20

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 Taliah Rose Erseth

RECEIVED

Business/Organization Name Synergy Cooperative

MAY 24 2018

Full Prior Names (nicknames, maiden names, etc.) N/A

Village of Colfax

Date of Birth _____, Place of Birth _____, Phone _____

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 E5771 800th Ave Menomonie WI 54751

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Haley Booth 18803 590th Ave Colfax, WI 54750
- 2) Kristi Winings 900 University Ave #17 Colfax WI 54730
- 3) Amy Trepton 170 Bindl Dr Reedsburg WI 53959

Have you ever been a member of the Military Service? No Discharge? _____

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

Menomonie High School 12th Grade
UW Platteville Bachelor of Science Degree

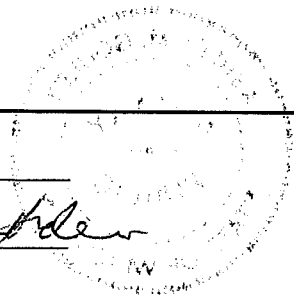
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Tali R. Erseth Date 5/10/18

Official Use Only-Below This Line

Date Received 5/24/18 Date Approved 5/25/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]



July 1, 2018 - June 30, 2019
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors

Fee - \$10.00

RECEIVED
JUN 25 2018

To the Clerk of the Village of Colfax Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 19 years of age.

Dailyn Mortenson
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Dailyn Mortenson

Address of Applicant E9364 State road 40 Colfax WI 54730

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?
NO NA

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

Dailyn Mortenson
Signature of Applicant

STATE OF WISCONSIN,
Dunn County, ss.

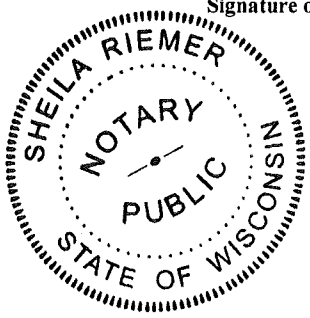
Dailyn Mortenson, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 25th day of June 2018.

Dailyn Mortenson
Signature of Applicant

Sheila Riemer
Notary Public, Dunn County, Wis.

Commission Expires: 8-27-18



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 Dailyn AnErna Mortenson

Business/Organization Name Express Mart

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

Date of Birth _____ Place of Birth _____ Phone _____

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 N/A

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Jennifer Huffman
- 2) Thomas Coulter
- 3) Gail Foslid

Have you ever been a member of the Military Service? Yes Discharge? N/A

Education- include name of High School, location, grade completed and any training beyond high school.
Colfax High School, 12 grade

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 Dailyn Mortenson Date 06/25/18

Official Use Only-Below This Line

Date Received 06/25/18 Date Approved 6/25/18 Date Denied _____

Researcher Colfax Police Approving Officer Signature [Signature]

WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Dailyn Mortenson

School Name: 360training.com, Inc.

Date of Completion: 06/24/2018

Certification #: WI-82696

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

6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

July 1, 2018 - June 30, 2019
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

RECEIVED

JUN 25 2018
Wisconsin

To the Clerk of the Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, inclusive (unless sooner revoked), Village of Colfax 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.

[Handwritten Signature]
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Cherianne Hauvins

Address of Applicant 619 W. Canal St. Chippewa Falls WI 54729

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

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?

[Handwritten Signature]
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Cherianne Hauvins

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.

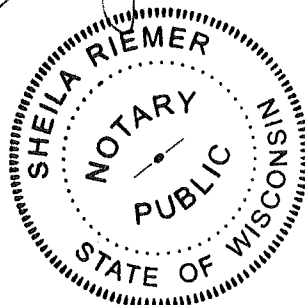
Subscribed and sworn to before me this 25 day of June 2018.

[Handwritten Signature]
Signature of Applicant

[Handwritten Signature]

Notary Public, Dunn County, Wis.

Commission Expires: 8-27-18



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 Cheyenne Marie Hawkins

Business/Organization Name The Blind Tiger

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

Date of Birth _____ Place of Birth _____ Phone _____

Sex _____ Race _____ Height _____ Weight _____

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

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

List prior addresses for the past five years 8541 Hwy X Chippewa Falls 54729
726 5th Ave #4 Eau Claire 54603 Colfax Canal St CF 54729

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) ~~Nick Anderson - 456-7453~~ Devina Breden
- 2) ~~Jess Callie - 29-1406~~ Jeff Hedler
- 3) Kali Kramenauer

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

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

Chippewa Falls High School - diploma
CRTC - ag science

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 6-25-18

Official Use Only-Below This Line

Date Received 6/25/18 Date Approved 6/25/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 20¹⁸~~17~~ - June 30, 20¹⁸~~18~~

Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors

Fee - \$10.00

RECEIVED
JUN 28 2018

To the Clerk of the Village of Colfax Village of Colfax

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, 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 73 years of age.

Tarris L. Turner
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant TARRIS L. TURNER

Address of Applicant 510 E. 4TH AVE, COLFAX, WI 54730

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

No FELONY - TRAFFIC VIOLATIONS

Date of such conviction 1987 - 1999

Name of Court COLFAX - DUNN COUNTY

Nature of offense SPEEDING - DWI

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

No

Tarris L. Turner
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Tarris Turner

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 28th

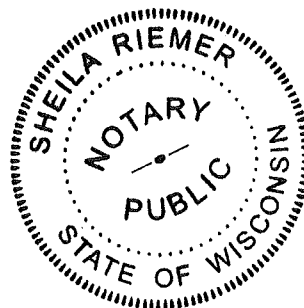
Tarris L. Turner
Applicant sign here

day of June 2018

Sheila Riemer

Notary Public, Dunn County, Wis.

my comm expires
8-27-18



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 TARRIS LEE TURNER

Business/Organization Name AMERICAN LEGION POST 131, COLFAX

Full Prior Names (nicknames, maiden names, etc.) TARRY/TERRY

Date of Birth _____ Place of Birth _____ Phone _____

Sex _____ Race _____ Height _____ Weight _____

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

Have you ever been arrested for, or convicted of any laws, including traffic? YES
If yes, list offense, date and place occurring. DWI 1987-1997 WISC - SPEEDING 2000 WI

List prior addresses for the past five years N/A

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

- 1) CHRIS LARSEN, 83538 STATE 170, COLFAX, WI 54730
- 2) TOM DUNBAR, 502 EVERGREEN, COLFAX, WI 54730
- 3) MARK NELSON, 6527 35TH ST, ELK MOUND, WI 54739

Have you ever been a member of the Military Service? YES Discharge? Ret. 1985

Education- include name of High School, location, grade completed and any training beyond high school.
11 YHS YANKTON SD - COLLEGE DELMAR CORPUS CHRISTI, TX
UNIV OF NEBR AT OMAHA, NEBR (DID NOT GRAD)

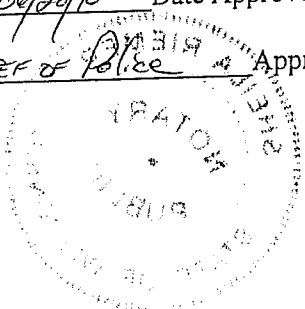
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Tarris L. Turner Date 6/25/18

Official Use Only-Below This Line

Date Received 6/25/18 Date Approved 6/28/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]



Village of Colfax

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

July 1, 2018 to June 30, 2019

License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)

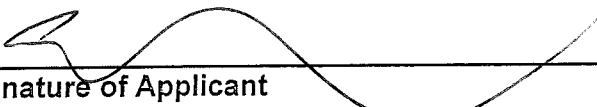
(please print)

RECEIVED
JUN 25 2018

Village of Colfax

1. Name of Applicant Sarah Teale
2. Address 610 E. River St Colfax WI
3. Phone 920 371 5493
4. Parcel Number 17111-2-291116-210-0064
5. Number of female chickens (maximum 10) _____
6. Application (circle one) New Renewal

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.


Signature of Applicant

25 June 2018
Date

=====

_____ Date Application Received

_____ Date Board Reviewed Application
Approved / Denied
License Number

**Administrator-Clerk-Treasurer
June 22, 2018 meeting**

CIT – CIT has a few more components to complete and some training, and then we should be all set.

Water Reading Software – Tuesday, we will be testing our reading software and hopefully the upload into Workhorse goes smoothly. The July 1, 2018 bill will be the first billing cycle with the residential water meters installed.

Work Comp Dividend – The Village received a Work Comp Dividend of almost \$6,000. This is generated based on loss ratio for work comp claims. Great job Village of Colfax employees for working safely!!

2017 Audit – The auditors plan to have our audit complete by the end of June.

Operator's License Application Updated – I have wanted to update the operator's license for a long time for the following reasons:

- Duplication on the front side of the application and the back side of the application caused a lot of confusion.
- Reference checks were not checked because there is a background check complete by the Police Chief and the state statute does not give criteria to deny an application based on a reference's statement.
- There was a lot of time spent checking to see if the reference section was completed correctly and then following up to have the individuals make corrections. Then we still miss some . . .
- Individuals that have operator's licenses in other municipalities have commented that our form is much longer, confusing and it asks a lot more questions.

So, I have looked at the state statute and I have requested copies of operator application forms from other municipalities. The State of Wisconsin has standard forms for all other alcohol related licenses, but states that operator's applications should be created by the municipality. I have used parts of three different applications and created one for the Village of Colfax that includes all the information that the Police Chief requested is helpful for him to complete his back ground check. I did not find any operator's license application forms that requested references.

I feel that the form is brief, but gathers the necessary information. It is clear and easy to read. The form is attached for review.

Vietnam Veterans Memorial update - Mr. Yingst has gotten the steel for the sign as a donation from Steel Towne, value of \$275. He has talked with a monument company and has a rough estimate for the granite memorial of \$2,500 to 3,000.

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: _____

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20____, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME _____
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number _____ Email Address _____

Current Address _____
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth _____ Age _____

Place of Employment _____

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny _____
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X _____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20 _____.

(Signature of Notary Public) (Commission Expires)

Date Received: _____ Date to the Board: _____ Approved or Denied

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/25/2018 From Account:
Thru: 7/08/2018 Thru Account:

Check Nbr	Check Date	Payee	Amount
UHS	6/28/2018	UHS PREMIUM BILLING	1,029.26
74827	6/29/2018	24-7 TELCOM	24.95
74828	6/29/2018	AMERICAN RED CROSS	1,938.24
74829	6/29/2018	BOUND TREE MEDICAL, LLC	33.80
74830	6/29/2018	CENTURY LINK	102.50
74831	6/29/2018	DAIRY STATE BANK	40,384.19
74832	6/29/2018	DAIRY STATE BANK	62,978.82
74833	6/29/2018	DONALD KNUTSON	315.54
74834	6/29/2018	DSPS-DEPT. OF SAFETY & PROFESSIONAL SERV.	50.00
74835	6/29/2018	DUNN CO HIGHWAY DEPT	248.72
74836	6/29/2018	E.O. JOHNSON	210.00
74837	6/29/2018	FARRELL EQUIPMENT & SUPPLY CO.	596.81
74838	6/29/2018	FIRST SUPPLY LLC-EAU CLAIRE	407.19
74839	6/29/2018	GORDON FAUST	25.00
74840	6/29/2018	GRAINGER	138.81
74841	6/29/2018	HAWKINS, INC.	2,929.05
74842	6/29/2018	HUEBSCH	299.58
74843	6/29/2018	HYDROCORP	496.00
74844	6/29/2018	INDIANHEAD FEDERATED LIBRARY SYSTEM	984.34
74845	6/29/2018	JEFFERSON FIRE & SAFETY	169.00
74846	6/29/2018	JOHN DEERE FINANCIAL	1,481.65
74847	6/29/2018	JOLENE ALBRICHT	145.90
74848	6/29/2018	LBR ELECTRIC	466.00
74849	6/29/2018	MENARDS-EAU CLAIRE	153.93
74850	6/29/2018	PETTY CASH	6.20
74851	6/29/2018	POSTMASTER OF COLFAX	72.00
74852	6/29/2018	QUILL CORP.	184.93
74853	6/29/2018	ROGER'S REPAIR	13.50
74854	6/29/2018	SHEILA RIEMER	28.34
74855	6/29/2018	STATE INDUSTRIAL PRODUCTS	457.41
74856	6/29/2018	TOWN OF COLFAX	112.50
74857	6/29/2018	WAL MART COMMUNITY/GEGRB	29.74
74858	6/29/2018	WELD RILEY	496.00

7/05/2018

3:50 PM

Reprint Check Register - Quick Report - ALL

Page: 2
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/25/2018 From Account:
Thru: 7/08/2018 Thru Account:

Check Nbr	Check Date	Payee	Amount
AFLAC	6/28/2018	AFLAC	421.02
EFTPS	6/28/2018	EFTPS-FEDERAL-SS-MEDICARE	5,612.72
WIDOR	6/28/2018	WI DEPARTMENT OF REVENUE	1,013.30
WIETF	7/03/2018	WI DEPT OF EMPLOYEE TRUST FUNDS	6,146.52
CHARTER	6/28/2018	CHARTER COMMUNICATIONS	550.64
WIDCOMP	6/28/2018	WISCONSIN DEFERRED COMPENSATION	255.00
XCELENERGY	7/02/2018	XCEL ENERGY	4,281.10
Grand Total			135,290.20



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

June

Date	Customer	Service	Pass/Fail	Project
<input type="checkbox"/> 6/5/2018	Morrell	Permit Issued		Remodel
<input type="checkbox"/> 6/7/2018	Swartz	Footing	Passed	
<input type="checkbox"/> 6/19/2018	Kerg	Permit Issued		Addition
<input type="checkbox"/> 6/25/2018	McCulloch	Permit Issued		Remodel

Weber Inspections

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

Building Permit

Village of Colfax

Date 6/5/18

Issued to: Tony Morrell

Address: 109 River St. , Colfax, Wis. 54730

Project: 14' x 33' deck / 5' 6" x 8' stairs on back of house. New entry on front of the house.

Permits Issued:

Inspections Needed:

Yes

No

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

Paid

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

Weber Inspections

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

Building Permit

Village of Colfax

Date 6/25/18

Issued to: Jeff & Brittany McCulloch

Address: 203 King Olaf Ct. , Colfax, Wis. 54730

Project: Remodel kitchen, more stairway, finish off basement.
Build a 30' x 50' / a 15' lean to - storage shed.

Permits Issued:

Inspections Needed:

Yes

No

	Cost
Construction	\$100.00
HVAC	\$50.00
Electrical	\$16.00
Plumbing	\$25.00
Erosion Control	
Total	\$ 191.00

Paid

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

Weber Inspections

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

Building Permit

Village of Colfax

Date 6/19/18

Issued to: Jerry Kerg

Address: 211 Main St. , Colfax, Wis. 54730

Project: 8' x 9' entry deck / stairs.

Permits Issued:

Inspections Needed:

Yes

No

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

Paid Ck # 1064

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

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. 2018-4 Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Casey Ribn</i>	Mailing Address <i>505 1/2 W</i>	Tel. <i>715-497-4088</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
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address

PROJECT LOCATION Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address <i>Princeton</i>	Subdivision Name	Lot No.	Block No.
Zoning District(s)	Zoning Permit No.	Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.	

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<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>roof</i>	<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:	<table 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"/>																			
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																					
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living 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 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<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 Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
		8. USE	11. WATER	14. EST. BUILDING COST																					
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ <i>5.00</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 _____ **DATE SIGNED** *6-6-18*

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. See attached for conditions of approval.

Repair Roof

Municipality Number of Dwelling Location
1 7 1 1 1

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
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>6-6-18</i> Tel. <u>715-962-4402</u> Cert No. _____

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. 2018- 05 ^{6E} <hr/> Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Alan Johnson</i>	Mailing Address <i>710 Amble Street</i>	Tel. <i>715-962-3286</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
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address

PROJECT LOCATION Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____, N, R _____ E (or) W

Building Address *710 Amble Street* Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<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: _____	<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: _____	<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"/>																			
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																					
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living 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"/> Other: _____	<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 Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
	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	\$ <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 *Donna Johnson* **DATE SIGNED** *6/7/2018*

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. See attached for conditions of approval.

Flooring + Window

Municipality Number of Dwelling Location
 1 7 1 1 1

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>1000</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>6-7-18</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	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. 2018-6 Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Rod Lorenzen</i>	Mailing Address <i>Box 241 Colfax, WI 54730</i>	Tel. <i>715-962-4190</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
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address

PROJECT LOCATION Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____, N, R _____ E (or) W

Building Address: *311 Park Drive* Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ **Setbacks:** Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ 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: <i>Siding</i>	<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:	<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"/>																			
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS																					
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living 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 Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
	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	\$ <i>5500.00</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 *Rocky Lorenzen* **DATE SIGNED** *6-13-2018*

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. See attached for conditions of approval.

New Siding on Garage

Municipality Number of Dwelling Location
1 7 1 1 1

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 <i>George Entzminger</i> Date <i>6-13-18</i> Tel. <i>715-962-4402</i> Cert No. _____

Wisconsin Division of Safety and Buildings

Wisconsin Stats. 101.63, 101.73

VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION

Application No.

2018-7

Parcel No.

PERMIT REQUESTED [] Constr. [] HVAC [] Electric [] Plumbing [] Erosion Control Other:

Owner's Name: Kevin Albright, Mailing Address: 810 Oliver Lane, Colfax, WI, Tel: 715-308-4574. Contractor's Name, 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: 810 Oliver Lane, Subdivision Name, Lot No., Block No.

Zoning District(s), Zoning Permit No., Setbacks: Front, Rear, Left, Right (ft.)

1. PROJECT (New, Repair, Alteration, etc.), 2. AREA INVOLVED (Unfin., Bsmt, Living Area, Garage, Deck), 3. OCCUPANCY (Single Family, Two Family, etc.), 4. CONST. TYPE (Site-Built, Mfd, etc.), 5. STORIES (1-Story, 2-Story, etc.), 6. ELECTRICAL (Entrance Panel, Amps, etc.), 7. FOUNDATION (Concrete, Masonry, etc.), 8. USE (Seasonal, Permanent, etc.), 9. HVAC EQUIPMENT (Forced Air Furnace, Radiant Basebd/ Panel, etc.), 10. SEWER (Municipal, Sanitary Permit No.), 11. WATER (Municipal Utility, Private On-Site Well), 12. ENERGY SOURCE (Fuel, Nat Gas, LP, Oil, Elec, Solid, Solar), 13. HEAT LOSS (BTU/HR Total Calculated, Envelope and Infiltration Losses, etc.), 14. EST. BUILDING COST (\$ 3500.00)

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.

APPLICANT'S SIGNATURE: [Signature], DATE SIGNED: 6-18-18

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. [] See attached for conditions of approval.

Now Shed & Overhang on Patio

Municipality Number of Dwelling Location: 17111

FEES: Plan Review, Inspection, Wis. Permit Seal, Other, Total \$ 10.00. PERMIT(S) ISSUED: [] Construction, [] HVAC, [] Electrical, [] Plumbing, [] Erosion Control. PERMIT ISSUED BY: Name George Entzminger, Date 6-18-18, Tel. 715-962-4402, 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. 2018-8 Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Dave Almqvist</i>	Mailing Address <i>P.O. Box 464 Colfax, WI 5473</i>	Tel. <i>715-505-1493</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
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address

PROJECT LOCATION Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address: *603 1st Ave* 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 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 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%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Nat Gas</td> <td style="text-align: center;">LP</td> <td style="text-align: center;">Oil</td> <td style="text-align: center;">Elec</td> <td style="text-align: center;">Solid</td> <td style="text-align: center;">Solar</td> </tr> <tr> <td style="text-align: center;">Space Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Water Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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"/>																			
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 <input type="checkbox"/> Other: _____	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.: _____	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)																					
				11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. EST. BUILDING COST \$ <i>1000.00</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 *Dave Almqvist* **DATE SIGNED** *7-5-2018*

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. See attached for conditions of approval.

New Garage Roof

Municipality Number of Dwelling Location

1 7 1 1 1

FEES: Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <i>500</i>	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 <u>George Entzminger</u> Date <i>7-5-18</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

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

JUNE 2018 MONTHLY POLICE REPORT

CALLS FOR SERVICE: 54

TRAFFIC STOPS: 16

- ASSIST OTHER AGENCY: 4
 - DISORDERLY
 - TRAFFIC STOP
 - ANIMAL IN ROAD
 - SUSPICIOUS VEHICLES

- DISORDERLY: 2
 - DATING COUPLE ARGUING
 - UNRULY PATRON AT TAVERN

- AMBULANCE ASSIST: 2

- CIVIL: 1
 - ISSUES WITH A COURT ORDER

- BURGLARY: 1
 - TOOLS AND ITEMS STOLEN FROM GARAGE

- THEFT: 1
 - GAS DRIVE OFF

- SUSPICION: 2
 - SUSPICIOUS VEHICLE IN AREA
 - SUSPICIOUS PERSON NEAR RESIDENCE

- DAMAGE TO PROPERTY: 2
 - DAMAGE TO DOOR FRAME
 - DAMAGE TO A BUILDING

- OPEN DOOR: 1
 - AT THE SCHOOL
- PUBLIC SAFETY: 3
 - GAS SMELL
 - SPARKING TRANSFORMER
 - DOWNED POWERLINE
- HUBER VIOLATION: 1
 - JAIL INMATE NOT AT WORK
- DOMESTIC: 1
 - ADULT SON / MOTHER ARGUMENT
- ANIMAL COMPLAINT: 5
 - DOG AT LARGE x 2
 - INJURED CAT
 - PET RABBITS ON THE LOOSE
 - UNFRIENDLY DOG
- TRAFFIC COMPLAINT: 1
 - ERRATIC DRIVER
- JUVENILE: 1
 - UNDERAGE SMOKING
- HARASSMENT: 1
 - EX BOYFRIEND AND THREATS
- WELFARE CHECK: 3
 - CONCERN FOR ELDERLY FEMALE
 - DEPRESSED / SUICIDAL PERSON
 - POSSIBLE MISSING ADULT (UNFOUNDED)
- LOST / FOUND: 3
 - FOUND BICYCLE
 - LOST WALLET
 - FOUND CELL PHONE
- OVT (PARKING TICKET): 2
 - ILLEGAL PARKING
- 911 MISDIAL: 1

Colfax Rescue June Report

Municipalities Responded To:

Village of Colfax	10
Village of Elk Mound	4
Township of Colfax	2
Township of Tainter	2
Township of Sand Creek	5
<u>Village of Wheeler</u>	<u>5</u>
Total	28

Receiving Facilities:

Mayo Clinic Health System Eau Claire	10
HSHS Sacred Heart	2
Mayo Clinic Health System Menomonie	2
Mayo Clinic Health System Bloomer	2
HSHS St Joes	2
<u>Cancelled/Refused</u>	<u>10</u>
Total	28

Financials:

June Charges	\$21,750.97
June Collection	\$21,550.56

CRS Notes:

- M8 had its second deer hit in three months; M8 had the Deer Guard placed on it when we bought it. First Deer Hit no damage, second deer hit \$6,336.60 damage half of which is replacing the Deer Guard which was bent and cracked. According to the body shop the damage would have been over \$10,000.00 without the deer guard affecting the mechanical side

of the vehicle. So in Total our initial \$4,000.00 investment has saved over \$10,000. 00 in damages.

- Don is back on the ambulance and in the office my chemo is complete. The end of July I will find out if it was successful.
- EMT relicensing is complete. We have lost some EMT's and a few will have to submit late renewals.
- CRS was present at the fair rendering aid to fair goers who fell.

**Administrator-Clerk-Treasurer
July 5th, 2018 meeting**

CIT – Just working out a few items yet.

Water Reading Software – Time savings for the public works is approximately 80 hours and the administration time savings is approximately 10 to 12 hours.

2017 Audit – The audit is complete and available for Board members. July 23rd meeting, Jennifer Homeyer from Bauman Associates will be at the Board meeting to review documents.

Network Outage – Tuesday, July 3 was a challenging day since our Charter phones and internet services were not working Village wide. When you do not have these forms of communication, you realize very quickly how much you rely on them to accomplish our daily work.

Dodge Ram police truck vs. Deer– Damage amount approximately \$7,200. It takes approximately 2 weeks to get the police package parts. We have received the insurance payment less the \$500 deductible.

Dodge Ambulance vs. Deer – Damage amount approximately \$6,650. Parts have been ordered and hopefully here for repairs the week of July 9th. We have received the insurance payment less the \$500 deductible.

Library and the Colfax Municipal Building Restoration Group are planning to meet with the Board at the July 23rd Board meeting.

Cancelled