

Village of Colfax
Regular Board Meeting Agenda
Monday, October 14, 2024
7:00 p.m.
Village Hall, 613 Main Street Colfax, WI 54730

1. Call the Regular Board Meeting to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
5. Communications from the Village President
6. Consent Agenda
 - a. Regular Board Meeting Minutes –September 23th , 2024
 - b. Review Statement of Bills Pooled Checking– September 23rd, 2024-October 13th, 2024
 - c. Review Statement of Bills Solid Waste & Recycling Checking- September 23rd, 2024-October 13th, 2024
 - d. Training Request – none
 - e. Facility Rental – Jacci Myers-Ber Tent/Fairgrounds-October 26, 2024-Reception
 - f. Licenses – Operator’s Licenses-October 14, 2024-June 30, 2025-Nolan Prince-Viking Bowl & Catering, October 14, 2024-June 30, 2025-Kiah Christianson-Viking Bowl & Catering, October 14, 2024-June 30, 2025-Aubrey Swenson-Viking Bowl & Catering, October 14, 2024-June 30, 2025-John Riebe-Synergy Coop, October 14, 2024-June 30, 2025-Megan Vanyo-Wells-Synergy Coop,
7. Consideration Items
 - a. Introduction- Matt Flatland, Flatland Inspections LLC
 - b. 2025 Maintenance Assessment Agreement – Barbara Zempel
 - c. Railroad Museum – National Heritage Area Discussion
 - d. Reschedule November 11, 2024 Board Meeting due to Holiday (Veteran’s Day)
8. Committee/Department Reports/Discussions – (no action)
 - a. Budget Presentation – EMS (Chrystal Smith, Director)
 - b. Budget Presentation – Library (Lisa Bragg-Hurlburt – Director)
 - c. U.S. Army Corp Refund
 - d. Zor Tin Lizzies- Thank You
 - e. Colfax Police Department-September
 - f. Building Permits-September
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: Carrie L Johnson Administrator-Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day 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 – September 23rd, 2024

On September 23rd, 2024, the Village Board met at the Village Hall, 613 Main Street, Colfax, WI at 7:00 p.m. Members present: Trustees Jenson, Rud, Best, Burcham, and Prince. Excused: Trustees Davis and Stene. Others present included Public Works Director Bates, Deputy Clerk-Treasurer Riemer, Administrator-Clerk-Treasurer Johnson, Kris Meyer with KM Construction, Dave Rosenbrook, Shawn Rosenbrook and LeAnn Ralph with the Messenger.

Public Comments – none.

Communications by the Village President – President Prince wanted to remind the committee chairs to make sure to get meetings scheduled for going over the budget. This should be done sooner than later.

Consent Agenda

Regular Board Meeting Minutes –September 9th, 2024

Review Statement of Bills Pooled Checking–September 9th, 2024 to September 22nd, 2024

Review Statement of Bills Solid Waste & Recycling Checking – September 9th, 2024 to September 22nd, 2024

Training Request – none

Facility Rental -none

Licenses – none

Introduction- Matt Flatland, Flatland Inspections LLC- A motion was made by Trustee Jenson and seconded by Trustee Burcham to switch item a. to item f. since Mr. Flatland was not present. A voice vote was taken with all members voting in favor. Motion carried.

Homes by Croix Creek –John Fraley-rescinding Lots 1 & 2 –Johnson stated we received a letter from Mr. Fraley stating with the high interest rates his plans have been delayed and would like to make Lots 1 & 2 available to others. He has enjoyed working with the Village and would like to stay in touch for future projects. There was discussion about lot size, splitting lots for twin homes, closeness to tracks, etc. KM Construction and Rosenbrooks are both interested in these lots for twin homes. The plans will have to go to the state for re-zoning and prep for selling, cost of lots, will have to be discussed. A motion was made by Trustee Burcham and seconded by Trustee Best to accept the rescinding of these lots and move the re-zoning and cost discussion for Lots 1 & 2 to the next meeting on October 14th. A voice vote was taken with all members voting in favor. Motion carried.

Twin home Lots-KM Construction (Kris Meyer) and Dave Rosenbrook discussion and possible action – A lot of discussion here involving lot ownership. This subject has continued from item b. regarding lots 1 & 2 also. KM Construction and Dave Rosenbrook have decided they want the best for them and the Village and want to work together in moving forward. They decided it would be best to alternate the lot ownership also. There was more discussion regarding the ownership, since both interested parties believed they had first right of purchase from previous emails sent to them. The Board discussed who they believed had first right and thought it had been offered to Rosenbrook. A motion was made by Trustee Burcham and seconded by Trustee Best to state lots 116 and 118 belong to KM Construction and lots 108, 110, 112 and 114 belong to Rosenbrook. Voting For: Trustees Best, Jenson, Rud, Burcham and Prince. Voting Against: none. Motion carried.

Drug Test-Midwest information-all Village CDL, EMT Director – Johnson stated the Village has not had random drug tests since the County had stopped doing them in 2022. The cost is \$65 per year, up to 10 employees. Midwest out of Menomonie would have a random drawing to determine who is up for testing and would contact us with the information. Bates stated none of them needed CDL, but it would be a good idea to continue with. A motion was made by Trustee Burcham and seconded by Trustee Rud to approve Midwest doing random drug testing for the Village employees qualified. A voice vote was taken with all members voting in favor. Motion carried.

Additional charges for Well #3 repairs- Bates relayed that the original cost for Municipal Well & Pump was \$22,650. After inspecting it was found that the piping and pump were wore out and would have to be replaced. That would bring the cost to \$32,168, increasing the additional amount needed to \$9518. A motion was made by Trustee Jenson and seconded by Trustee Burcham to pay Municipal Well & Pump the extra \$9518 for a total of \$32,168. Voting For: Trustees Burcham, Rud, Jenson, Best and Prince. Voting Against: none. Motion carried.

Bremer Bank-Pledge Release – Johnson explained a pledge release for \$720,000 was needed in order for the new loan to be processed. A motion was made by Trustee Burcham and seconded by Trustee Best to approve the Bremer Bank pledge release for \$720,000. Voting For: Trustees Burcham, Rud, Best, Jenson and Prince. Voting Against: none. Motion carried.

Adjourn – A motion was made by Trustee Burcham and seconded by Trustee Best to adjourn the meeting at 7:54 p.m. A voice vote was taken with all members voting in favor. Meeting Adjourned.

Jeff Prince, Village President

Attest: _____
Carrie Johnson, Administrator-Clerk-Treasurer

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 9/23/2024 From Account:
Thru: 10/13/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
MWG	9/30/2024	MORGAN WHITE GROUP	992.46
XCEL	9/30/2024	XCEL ENERGY	4,556.35
79946	9/30/2024	24-7 TELCOM	24.95
79947	9/30/2024	AYRES ASSOCIATES	5,133.96
79948	9/30/2024	CAPITAL ONE	88.31
79949	9/30/2024	CASH	9.68
79950	9/30/2024	CENTURY LINK	129.00
79951	9/30/2024	CREDIT SERVICE INTERNATIONAL	128.56
79952	9/30/2024	E.O. JOHNSON	52.00
79953	9/30/2024	ELIZABETH AFFOLTER	30.00
79954	9/30/2024	FIRST SUPPLY LLC-EAU CLAIRE	1,650.85
79955	9/30/2024	HAWKINS, INC.	2,502.28
79956	9/30/2024	HUEBSCH LAUNDRY CO	88.72
79957	9/30/2024	IFLS LIBRARY SYSTEM	220.00
79958	9/30/2024	NORTHERN LAKE SERVICE, INC	472.50
79959	9/30/2024	R & R WASTE SYSTEMS CLEANING, INC	4,477.20
79960	9/30/2024	T-MOBILE	29.40
79961	9/30/2024	WELD RILEY SC	1,161.00
79962	10/01/2024	AT&T MOBILITY	535.33
AFLAC	9/27/2024	AFLAC	61.86
WIDOR	9/26/2024	WI DEPARTMENT OF REVENUE	1,243.30
CHARTER	9/23/2024	CHARTER COMMUNICATIONS	512.65
WIDCOMP	9/26/2024	WISCONSIN DEFERRED COMPENSATION	185.00
EXEMPLAR	9/30/2024	EXEMPLAR HEALTH BENEFITS	13,210.14
Grand Total			37,495.50

SOLID WASTE & RECYCLING RU

Accounting Checks

Posted From: 9/23/2024 From Account:
Thru: 10/13/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
1430	9/30/2024	AT&T MOBILITY	65.48
1431	9/30/2024	JOHNSON ROLL-OFF SERVICE, LLC	14,876.90
1432	9/30/2024	LIBERTY TIRE SERVICES LLC	373.62
1433	9/30/2024	VEOLIA	10,087.10
Grand Total			25,403.10

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, 2025, 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 Nolan Thomas Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 933-1480 Email Address _____

Current Address 1004 University Ave Colfax 54730 25
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 28

Place of Employment Viking Bowl

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 [Signature] 10/01/2024
(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]
Signature of Applicant

Subscribed and sworn before me this 27 day of September 2024.

[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 9/27/24 Date to the Board: 10/14/24 Approved or Denied _____



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:

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

NAME Hiah Yvonne Christianson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-4763 Email Address justdoit3247@gmail.com

Current Address 12404 County HW DD, Colfax, WI 54730 18
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (Zip Code)

Date of Birth _____ Age 18

Place of Employment Viking Bowl & Catering

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation Approve Deny [Signature] 09/17/24
(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]
Signature of Applicant

Subscribed and sworn before me this 16 day of September 24

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 9/14/24 Date to the Board: 10/14/24 Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Kiah Christianson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
09/10/2024



Expiration Date
09/10/2026



Certificate #
WI-00630666


Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2)(m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

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, 2021, 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 Aubrey Lynn Swenson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-379-0825 Email Address aubswenson@gmail.com

Current Address 1219 Barron street Eau Claire 54703 WI 1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 23

Place of Employment Viking Bowl

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 [Signature] 09/17/2021
(Chief of Police or designated staff Signature) (Date)

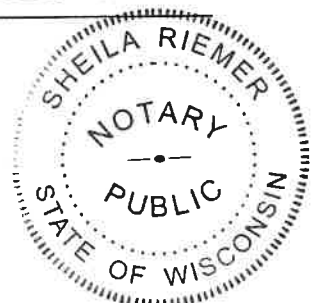
STATE OF WISCONSIN/ DUNN COUNTY

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]
Signature of Applicant

Subscribed and sworn before me this 16 day of September 20 21

[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 9/16/21 Date to the Board: 10/14/21 Approved or Denied



CERTIFICATE OF COMPLETION

This certifies that

Aubrey Swenson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
08/21/2024



Expiration Date
08/21/2026



Certificate #
WI-00630053

A handwritten signature in blue ink, appearing to read 'Aubrey Swenson', written over a horizontal line.

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

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: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, 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: John Carter Riebe
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-3616 Email Address johnriebe61@gmail.com

Current Address E 9021010th Ave Colfax 54730 18
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Colfax Lenex

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 [Signature] [Signature]
(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 John Riebe
Signature of Applicant

Subscribed and sworn before me this 16 day of September 2024.

[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 9/16/24 Date to the Board: 10/14/24 Approved or Denied

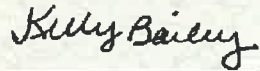
Wisconsin Responsible Beverage Seller/Server Training

JOHN RIEBE

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL 188399

Date of Completion: 09/16/2024



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.06(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

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: 17253

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 205, 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 Megan ROSE Vanuy-Wells
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 471-0440 Email Address meganvanyo@gmail.com

Current Address 303 River St COLFAX WI 54730 5 mos.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1012 Barstow St Eau Claire WI 54703
(City) (Zip Code)

Date of Birth [REDACTED] Age 30

Place of Employment cenex

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 [Signature] 09/18/24
(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 M Vanuy-Wells
Signature of Applicant

Subscribed and sworn before me this 17 day of September 2024.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 9/17/24 Date to the Board: 10/14/24 Approved or Denied

Wisconsin Responsible Beverage Seller/Server Training

MEGAN VANYO

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL188348

Date of Completion: 09/13/2024



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

Matt Flatland
N11694 670th St
Wheeler, WI 54772

flatlandinspectionsllc@gmail.com

715-933-1003

Employment History

Electrical, Plumbing, HVAC, and Building inspections

2020- Present Flatland Inspections LLC

2017- Present Building Inspector

City of Altoona WI

2011-2017 Public Works Water Utilities / Cross Connection Control

City of Altoona

2003-2011 Telecommunications Technician / low voltage / Coax/ Fiber

Northwest Communications Amery WI

1999-2002 Foreman/Operator electric crew

Bear Valley Electric

References

Karin Wolf

Clerk/ Treasurer

Village of Elk Mound

715-879-5011

karin@elkmound.org

Mark Levra

Director of Public Works

Village of Elk Mound

715-556-4566

mark@elkmound.org

Julie Conlin

Office Assistant

Village of Elk Mound

715-879-54739

julie@elkmound.org

Taylor Greenwell

Zoning Administrator/ Planning Director

City of Altoona

715-225-4211

taylorg@ci.altoona.wi.us

**BUILDING PERMIT SCHEDULE OF FEES
EXHIBIT 1 FL Inspections 2024**

A. Residential 1 & 2 Family	Type of Fee, Permit or License Fee
	1. New Structure \$0.18 per sq. foot Erosion Control \$110 plus \$5/1000 sqft of disturbance
	2. Additions \$0.18 per sq ft, \$200 minimum Erosion Control \$110 plus \$5/1000 sqft of disturbance
	3. Remodel \$0.18 per sq. foot \$200 minimum
	4. Accessory Structure A. Up to 199 sq. feet \$110 if required by municipality B. 200 sq. feet to 400 ft ² \$150 C. Over 400 ft ² use New Structure rates
	5. Occupancy Permit Included in above fee
	6. Roof \$85
	7. Siding \$85
	8. DILHR Permit Seal \$39
	9. Residential Plan Examination \$110 New, \$110 Additions
	10.
	11. Deck \$150 + \$75 Plan Review Plan Review fee may be waived if code-complaint plans are included w/application
	12. Retaining wall \$110 if required by municipality
	13. Other \$110 minimum
B. Commercial	

	1. New Structure \$0.23 per sq. foot		
	2. Additions \$250 minimum for the first 600 sq. ft. then see B.1. for New Structure rates		
	Erosion Control \$110 plus \$5/1000 sqft of disturbance		
	3. Remodel \$10/\$1,000 of valuation \$110 minimum		
	4. Occupancy & Change of Use Permit	\$110	
	5. Commercial Plan Review See table below - For buildings not required to obtain State approved plans.		
	Area (SF)	Building & HVAC Building Only	
	Up to 2,500	\$400 \$300	
	2,501 - 5,000	\$550 \$350	
	5,001+	\$700 \$550	
	6. All plan reviews over 25,000 cubic ft will go to state for review		

C. Industrial & Warehouse	Industrial, manufacturing, distribution, warehouse, self-storage uses		
	1. New Building: first 10,000 ft ² \$0.18 per sq. foot		
	10,001 ft ² + \$0.15 per sq. foot		
	Minimum of \$250 for new, \$200 additions		
	2. Erosion Control \$175		

D. Agricultural Buildings (unheated)	
	1. New Buildings \$0.15 ft ² all areas for inspection fees Plus Commercial Plan Review (see above)
	2. Remodel \$11/\$1,000 of valuation <u>\$110 minimum</u> 3. Other \$110 minimum
E. Mechanical & Miscellaneous	Type of Fee, Permit, License Fee <u>1. Plumbing See Attached Exhibit 2</u> <u>2. Electrical See Attached Exhibit 3</u> <u>3. HVAC See Attached Exhibit 4</u> <u>4. Zoning See Attached Exhibit 5</u> <u>5. Special Inspections \$110 / hourly w/minimum of 1 hour</u>
	6. Permit to start construction of footings & foundation -Residential -Commercial – Industrial \$150 for the first 2000 sq. ft. of floor area with no utilities and \$25 per 1000 sq. ft. of floor area thereafter
	7. Razing Fee Residential \$110 for the first 2000 sq. ft. of floor area with no utilities and \$55 per 1000 sq. ft. of floor area thereafter
	Commercial \$200 for the first 2000 sq. ft. of floor area with utilities and \$75 per 1000 sq. ft of floor area thereafter.
	8. Minimum Permit Fee \$110
	-Re-inspection Fee \$75
	-Failure to call for inspection \$150 each
	-Double fees are due if work started before the permit is issued

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**PLUMBING PERMIT SCHEDULE OF FEES
EXHIBIT 2**

New Building	Type of Fee, Permit or License Fee
	Base Fee \$30
	Plus (For all areas) \$0.08 per sq. feet
	Uses listed in Exhibit 1 (C) \$0.05 per sq. foot
Replacement, Modifications and Misc. Items	
	1. Automatic Washer \$50
	2. Sink \$50
	3. Dishwasher \$50
	4. Garbage Grinder \$50
	5. Water Closet \$50
	6. Shower \$50
	7. Lavatory \$50
	8. Laundry Tray \$50
	9. Urinal \$50
	10. Bath Tub \$50
	11. Hot Tub, Spa, Whirlpool \$110
	12. High Pressure Boiler \$110
	13. Drinking Fountain \$50
	14. Floor Drain \$50
	15. Sight Drain \$50

	16. Sillcock \$20	
	17. Water Heater \$50	
	18. Wash Fountain \$50	
	19. Sump Pump \$50	
	20. Ejectors or Pump \$50	
	21. Water Softener \$50	
	22. Storm Sewer Conductor \$50	
	23. Backflow Prevention Device \$50	
	24. Sanitary Building Drain First 75 feet	\$110
	Over 75 feet	
	25. Storm Building Drain First 75 feet	\$110
	Over 75 feet	
	26. Manhole \$110	
	27. Catch Basin \$110	
	28. Water Service First 100 ft. lateral	\$150
	Over 100 ft. lateral	.35/ft
	29. Sanitary Building Sewer First 100 ft. lateral	\$150
	Over 100 ft. lateral	.35/ft

	\$200 total if combined w/Water Service
--	---

Replacement, Modifications and Misc. Items – cont.	Type of Fee, Permit or License Fee
	30. Storm Building Sewer First 100 ft. lateral \$110 Over 100 ft. lateral .35/ft
	31. Extension of House Drain Where Fixtures already \$110 Installed
	32. Other \$110
	Minimum Permit Fee
	- Residential \$110 - Commercial \$110 Minimum fee may be reduced if combined with other inspections on small residential projects, at <u>discretion of Inspector</u> Re-inspection Fee See D. Mechanical & Misc - Exhibit 1

Failure to call for inspection See D. Mechanical & Misc - Exhibit 1

Double Fees are due if work started before permit is issued

**ELECTRICAL PERMIT SCHEDULE OF FEES
EXHIBIT 3.**

New Building	Type of Fee, Permit or License Fee
	Base Fee \$30
	Plus (For all areas) \$0.08 per sq. feet
	Uses listed in Exhibit I (C) \$0.08 per sq. foot
Replacement, Modifications and Misc. Items	

	1. Temporary service and temporary wiring installation	\$150
	2. Service switch, each or alteration thereof First 200 amperes	\$110
	Over 200 amperes – additional per 100 amps or a fraction thereof	\$150
	3. Range, oven, clothes dryer, dishwasher, disposal, water heater	\$55
	4. Refrigeration unit up to 5 HP plus 1.00 per HP over 5	\$55 min
	5. Residential gas burner, oil burner, electrical furnace	\$55
	6. Air conditioner up to 5 ton plus 1.00 per ton over 5 ton	\$55
	7. Combination heating and air conditioning unit up to 5 ton	\$110
	Over 5 ton	\$150
	8. Feeder, sub feeder, and raceway – per 100 ampere capacity, or fraction thereof	\$110
	9. Each motor, per HP or fraction thereof	\$0.50/HP, \$1 minimum
	10. Dispenser – gasoline, fuel oil, permanent vending machines, and well pump	\$110
	11. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace	\$110

	12. Solar Array under 20kw	\$175
	13. Solar Array over 20kw	\$250
	14. Swimming pool (electrical wiring and grounding)	\$110
	15. Sign – Florescent, neon or incandescent \$55	
	16. .50 ft.	
	17. \$1	

Replacement, Modifications and Misc. Items	Type of Fee, Permit or License Fee	
	18. Fans – Bath – Paddle and misc. under 1 HP	\$
	19. Hydro Massage & Hot tubs	\$110
	20.	\$
	21.	\$
	22.	\$
	23. Approved assemblies not included above and other's	\$110
	24. Other	\$25
	25. Residential Solar Systems	\$220 for existing home
	Minimum Permit Fee	

	- Residential	\$110
	- Commercial	\$110
	Minimum fee may be reduced if combined with other inspections on small residential projects, at <u>discretion of Inspector</u>	
	Re-inspection Fee See D. Mechanical & <u>Misc. - Exhibit 1</u>	
	Failure to call for inspection See D. Mechanical & Misc, - Exhibit 1	

Double Fees are due if work started before permit is issued

Administrative permit without \$220
 Inspection Services; as noted \$220 maximum
 above subject to a maximum of

**HEATING, VENTILATING & AIR CONDITIONING PERMIT SCHEDULE OF FEES
 EXHIBIT 4**

New Building	Type of Fee, Permit or License Fee
	Base Fee \$30
	Plus (For all areas) 0.08 per sq. feet
	Uses listed in Exhibit 1 (C) \$0.08 per sq. foot
Replacement, Modifications and Misc. Items	
	1. Gas, oil, electric and coal furnace and boiler
	- One and two family First 150,000 BTU \$55
	- Commercial First 150,000 BTU \$110
	- All over 150,000 BTU
	2. Air conditioning
	- One and two family \$55
	- Commercial \$110

	- All over 36,000 BTU \$
	3. Fireplace and wood burning stove \$110
	4. Electric baseboard, wall unit and cabinet unit \$
	5. Duct work alteration \$55
	6. Other \$55
	Minimum Permit Fee
	- Residential \$110 - Commercial \$110 Minimum fee may be reduced if combined with other inspections on small residential projects, at discretion of Inspector
	Re-inspection Fee See D. Mechanical & Misc. - Exhibit 1
	Failure to call for inspection See D. Mechanical & Misc. - Exhibit 1
	Double Fees are due if work started before permit is issued

LIBRARY

Account Number	Account Description	2020		2021		2022		2023		2024 AS OF 8.31.24		2025		Percent change
		BUDGET	REVENUES	BUDGET	REVENUES	BUDGET	REVENUES	BUDGET	REVENUES	BUDGET	EXPENSES	PROPOSED	PROPOSED	
100-00-41110-130-000	PROPERTY TAXES- LIBRARY	-60,000	-60,000	-59,386	-59,383	-60,000	-60,000	-61,695	-61,695	-61,674	-61,674	-67,331	-67,331	9.17%
100-00-43790-100-000	COUNTY AID- LIBRARY	-84,191	-77,967	-89,417	-85,091	-93,997	-93,997	-101,730	-101,730	-98,862	-98,862	-80,499	-80,499	-18.58%
100-00-46710-100-000	FINES- LIBRARY	-1,000	-723	-600	-861	-800	-673	-200	-576	-200	-118	-150	-150	-25.00%
100-00-46710-110-000	PUBLIC CHARGES- LIBRARY	-800	-452	-400	-781	-700	-621	-700	-999	-500	-666	-700	-700	40.00%
100-00-48110-150-000	INTEREST INCOME- LIBRARY	0	-84	0	-301	300	-81	-20	-130	-19	-9	-11	-11	-42.11%
100-00-48309-130-000	PROP. SALES- LIBRARY SURPLUS	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
100-00-48500-140-000	DONATIONS- LIBRARY	0	-702	0	-3,285	0	-7,815	0	-9,251	-1,000	-18,681	-8,000	-8,000	700.00%
	Total Revenues	-145,991	-139,927	-149,803	-149,702	-158,626	-163,187	-163,870	-174,380	-162,266	-180,009	-156,691	-156,691	-3.44%
		BUDGET	EXPENSES	PROPOSED	EXPENSES	BUDGET	EXPENSES	BUDGET	EXPENSES	BUDGET	EXPENSES	PROPOSED	PROPOSED	
		0	0	0	0	0	0	0	0	0	0	0	0	0.00%
100-00-55110-100-000	LIBRARY-SALARIES	40,000	40,887	40,800	41,548	42,432	43,056	45,624	44,346	46,000	46,000	51,231	51,231	11.37%
100-00-55110-101-000	LIBRARY-WAGES (L-B-H)	19,500	22,332	20,000	23,857	25,000	24,367	25,000	25,500	27,000	27,000	27,810	27,810	3.00%
100-00-55110-103-000	LIBRARY-WAGES-PT-RETIREMENT	11,000	12,071	11,220	9,368	11,220	10,706	11,500	11,114	15,000	15,000	20,000	20,000	33.33%
100-00-55110-104-000	LIBRARY-EMP. BEN.-RETIREMENT	3,700	4,306	4,104	4,386	5,200	4,355	4,802	4,749	5,200	5,037	5,500	5,500	5.77%
100-00-55110-202-000	LIBRARY-EMP. BEN.-INSURANCE	22,000	21,242	22,000	25,169	26,169	20,490	23,244	11,060	15,000	15,350	14,900	14,900	-3.33%
100-00-55110-205-000	LIBRARY-EMP. BEN.-UNEMPLOYM	0	50	0	0	0	0	0	0	0	0	0	0	0.00%
100-00-55110-206-000	LIBRARY-EMP. BEN.-TRAIN/TRAVEL	1,991	118	1,550	143	975	596	700	2,337	700	279	200	200	-71.43%
100-00-55110-208-000	LIBRARY-PAYROLLTX-SS-MEDICARI	5,643	5,572	5,509	5,498	5,600	5,796	6,358	6,100	7,000	4,655	7,200	7,200	2.86%
100-00-55110-300-000	LIBRARY-OFFICE SUPPLIES	0	0	0	128	0	0	0	0	0	11	0	0	0.00%
100-00-55110-301-000	LIBRARY-SUPPLIES-TECHNICAL	6,000	7,341	13,550	9,304	10,800	8,770	8,906	8,081	11,000	9,949	10,000	10,000	-9.09%
100-00-55110-302-000	LIBRARY-SUPPLIES-GEN/SM EQUIP	4,050	3,519	350	569	350	3,566	4,000	3,644	5,000	1,580	2,000	2,000	-60.00%
100-00-55110-304-000	LIBRARY-SUPPLIES-CIRCULATION	12,500	13,246	11,500	13,596	10,250	10,868	12,000	12,916	8,000	6,116	3,000	3,000	-62.50%
100-00-55110-311-000	LIBRARY-HEAT	1,800	1,297	1,500	1,340	1,500	1,984	1,736	1,567	2,500	779	2,000	1,500	-40.00%
100-00-55110-312-000	LIBRARY-ELECTRIC	1,500	1,442	1,500	1,350	1,500	1,757	1,636	1,698	1,636	712	2,000	1,500	-8.31%
100-00-55110-313-000	LIBRARY-TELEPHONE	2,200	1,970	2,200	2,128	2,200	2,150	1,916	2,219	2,100	813	2,250	2,000	-4.76%
100-00-55110-314-000	LIBRARY-WATER/SEWER	200	180	150	205	180	174	360	134	180	74	150	150	-16.67%
100-00-55110-403-000	LIBRARY-REPAIRS/MAINT-EQUIP	850	474	850	1,310	1,550	599	1,550	391	1,550	700	1,050	1,000	-35.48%
100-00-55110-501-000	LIBRARY-INSURANCE-LIABILITY	2,600	2,045	1,500	3,341	3,500	1,447	2,000	2,319	2,200	1,144	2,200	2,200	0.00%
100-00-55110-502-000	LIBRARY-INSURANCE-PROPERTY	2,600	1,314	1,500	614	2,000	1,253	2,000	1,320	2,500	1,426	2,700	2,700	8.00%
100-00-55110-504-000	LIBRARY-INSURANCE-WORK COMF	150	711	1,000	190	1,000	272	500	193	500	89	100	200	-60.00%
100-00-55110-600-000	LIBRARY-OUTSIDE SERVICES	7,000	4,617	7,500	8,311	7,200	8,294	8,000	7,165	8,000	11,423	2,500	2,500	-68.75%
100-00-55110-603-000	LIBRARY-OUTSIDE SERVICE-LEGAL	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
100-00-55110-610-000	LIBRARY-OUTSIDE SERV.-DUES/SUI	200	344	1,020	531	0	75	200	366	200	0	0	0	-100.00%
	Total Expenses	145,484	145,078	149,303	154,544	158,926	150,576	162,852	147,221	161,266	117,190	159,431	156,691	-2.84%
														0.00%
100-00-57610-000-000	CAPITAL OUTLAY- LIBRARY	500	0	500	0	0	0	1,000	66	1,000	332	500	0	-100.00%
		145,984	145,078	149,803	154,544	158,926	150,576	163,852	147,286	162,266	117,522	159,931	156,691	-3.44%



DEPARTMENT OF THE ARMY
U.S. ARMY CORPS OF ENGINEERS, ST. PAUL DISTRICT
332 MINNESOTA STREET, SUITE E1500
ST. PAUL, MN 55101-1323

19 September 2024

Programs and Project Management Division
Project Management Branch (PM-B)

Mr. Jeff Prince
Village President
Village of Colfax, Wisconsin
613 Main Street, PO Box 417
Colfax, WI 54730

Dear Mr. Prince:

I am writing to notify you of the final closeout of the Colfax Wastewater Treatment Lagoons Section 14 Streambank protection project. The project stabilized approximately 1,460 linear feet of streambank along the Red Cedar River, adjacent to the Village of Colfax's Wastewater Treatment Plant lagoons. Colfax and the St. Paul District entered into a Project Partnership Agreement on July 3, 2019.

On April 15, 2024, a letter was sent to the Village formally transferring operations and maintenance of the streambank protection project over to the Village. Attached to this letter was the Operations, Maintenance, Repair, Rehabilitation, and Replacement (OMRR&R) Manual.

The Village of Colfax contributed \$1,121,350 in cash. The total cost of the project was \$2,807,120.83. The Local Sponsor share of this amount is \$982,492.29. I am pleased to inform you that we will be issuing the Village of Colfax a refund in the amount of \$138,857.71.

I am proud to have been a partner with the Village of Colfax, and I hope that we will continue to serve the village's needs in the future.

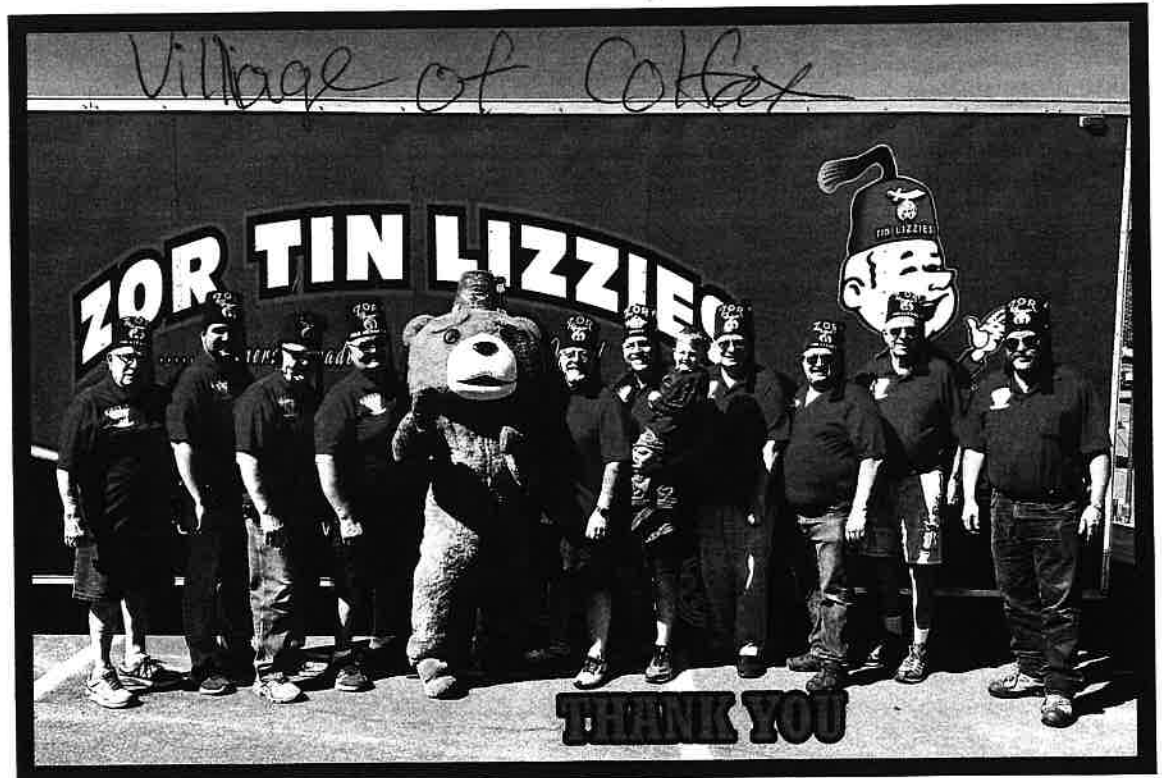
If you have any questions, please contact me at (651) 290-5413 or peter.j.allen@usace.army.mil.

Sincerely,

ALLEN.PETER.JONA
THAN.1627650414

Digitally signed by
ALLEN.PETERJONATHAN.1627650414
Date: 2024.09.19 13:09:41 -05'00'

Peter Allen
Project Manager



WILLIAM J. ANDERSON
CHIEF OF POLICE



COLFAX POLICE DEPARTMENT
P.O. BOX 417, 613 MAIN ST.
COLFAX, WI 54730

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

AUGUST 2024 POLICE REPORT

Printed on September 17, 2024

CFS Date/Time	Description	Primary Units
08/01/24 09:08:10	ASSIST OTHER AGENCY	501
08/01/24 09:11:29	Duplicate Call	
08/01/24 15:59:40	EMERGENCY MEDICAL	CXMD8
08/02/24 15:32:33	SUSPICION	501
08/02/24 19:37:10	TRAFFIC STOP	508
08/02/24 21:53:35	DEATH- NATURAL CAUSES	ME2
08/03/24 17:08:41	TRAFFIC STOP	214
08/04/24 18:22:49	CHECK WELFARE ON SUBJECT	226
08/04/24 19:13:09	REFERRAL FOR SUBSTANCE	226
08/05/24 14:57:07	TRAFFIC STOP	221
08/05/24 22:28:04	SUSPICION	508
08/06/24 11:00:37	CITY/COUNTY ORD-GARBAGE	501
08/06/24 14:13:06	911 MISDIALS, SOMEONE	501
08/06/24 17:38:34	WARRANT ATTEMPTS OR PICK	230, 508
08/06/24 21:11:40	MOTORIST ASSIST - DISABLED	508
08/07/24 00:49:38	SUSPICION	508
08/07/24 01:49:46	PARKING ORDINANCE	508
08/07/24 13:20:12	CIVIL COMPLAINTS	501
08/08/24 16:23:21	CIVIL COMPLAINTS	508
08/08/24 23:49:16	MENTAL CASE	508
08/09/24 11:53:29	ASSIST OTHER AGENCY	501
08/10/24 15:55:09	EMERGENCY MEDICAL	231, CXMD8
08/10/24 22:37:23	911 HANG UP CALL - NO INITIAL	
08/11/24 12:09:08	WARRANT ATTEMPTS OR PICK	232
08/11/24 22:17:54	SUSPICION	508
08/12/24 07:17:53	JUVENILE PROTECTIVE	501, 215
08/12/24 07:49:14	JUVENILE RUNAWAY	

CFS Data/Time	Description	Primary Units
08/12/24 07:51:10	ATTEMPT TO LOCATE/MISSING	501
08/12/24 07:55:51	Duplicate Call	
08/12/24 10:11:52	CIVIL COMPLAINTS	501
08/12/24 10:53:39	PROPERTY	
08/12/24 11:06:42	VIOLATE COURT ORDER-I.E.	501
08/12/24 13:12:49	PROPERTY	501
08/13/24 12:23:31	MISCELLANEOUS - NEVER 911	
08/13/24 21:55:14	CHECK WELFARE ON SUBJECT	232
08/14/24 09:28:40	CITY/COUNTY ORDINANCE	501
08/14/24 17:44:37	EMERGENCY MEDICAL	CXMD8
08/16/24 09:38:53	CRIMINAL DAMAGE TO	501
08/16/24 16:51:27	TRAFFIC RELATED INCIDENT	226
08/16/24 19:14:01	WARRANT ATTEMPTS OR PICK	232, 508
08/16/24 20:53:43	MISCELLANEOUS - NEVER 911	508
08/17/24 10:54:09	EMERGENCY MEDICAL	CXMD8
08/17/24 18:50:50	SUSPICION	508
08/18/24 00:09:19	TRAFFIC STOP	508
08/18/24 13:27:28	CRIMESTOPPERS	204
08/19/24 13:10:22	DOMESTIC DISPUTE	501, 219, 138
08/19/24 14:26:56	SUSPICION	501
08/20/24 07:21:32	DEATH- NATURAL CAUSES	ME8
08/20/24 18:55:32	TRAFFIC STOP	215
08/20/24 19:36:45	TRAFFIC STOP	215
08/21/24 01:46:13	SUSPICION	224
08/21/24 04:55:53	911 HANG UP CALL - NO INITIAL	213
08/21/24 09:45:30	STRUCTURE FIRE	213, CXMD8, CF1
08/22/24 06:48:02	EMERGENCY MEDICAL	CXMD8
08/22/24 08:28:37	EMERGENCY MEDICAL	CXMD8
08/22/24 20:11:43	EMERGENCY MEDICAL	CXMD8
08/23/24 08:57:59	WARRANT ATTEMPTS OR PICK	501
08/23/24 11:33:27	CITY/COUNTY ORDINANCE	501
08/24/24 12:04:35	EMERGENCY MEDICAL	CXMD8
08/24/24 16:38:36	THEFT - TAKE PROPERTY	508, 219
08/24/24 17:45:17	THEFT - TAKE PROPERTY	508

CFS Date/Time	Description	Primary Units
08/25/24 00:16:52	TRAFFIC STOP	508
08/25/24 17:00:38	ALARM	CF1, CXMD8, 508
08/25/24 17:23:37	TRAFFIC RELATED INCIDENT	508
08/25/24 17:47:57	THEFT - TAKE PROPERTY	508
08/25/24 22:28:09	EMERGENCY MEDICAL	508, CXMD8
08/25/24 23:13:56	SUSPICION	231, 508
08/25/24 23:18:33	SUSPICION	508
08/26/24 02:43:42	TRAFFIC STOP	222
08/26/24 13:14:48	EMERGENCY MEDICAL	CXMD8
08/26/24 18:55:46	TRAFFIC STOP	508
08/26/24 20:08:05	TRAFFIC STOP	508
08/26/24 20:58:04	USH-STH-CTH CLOSED, DEBRIS	508
08/26/24 21:09:03	EMERGENCY MEDICAL	CXMD8
08/26/24 21:09:34	USH-STH-CTH CLOSED, DEBRIS	508, DUNNHWY
08/27/24 09:07:40	EMERGENCY MEDICAL	CXMD8
08/27/24 12:55:26	EMERGENCY MEDICAL	CXMD8
08/27/24 14:04:01	TRAFFIC RELATED INCIDENT	501
08/28/24 20:18:50	TRAFFIC RELATED INCIDENT	508
08/28/24 22:09:11	TRAFFIC STOP	508
08/28/24 22:27:30	CIVIL COMPLAINTS	508
08/28/24 23:18:27		
08/29/24 01:08:03	CITY/COUNTY ORDINANCE	508
08/29/24 01:17:32	PARKING ORDINANCE	508
08/29/24 05:49:51	STRAY/DEAD ANIMAL CALLS	211
08/29/24 09:41:59	PARKING ORDINANCE	501
08/29/24 10:10:16	PARKING ORDINANCE	501
08/29/24 13:32:17	EMERGENCY MEDICAL	CXMD7
08/29/24 18:28:57	EMERGENCY MEDICAL	CXMD8
08/29/24 18:46:43	THEFT - TAKE PROPERTY	222, 501
08/30/24 10:23:23	WARRANT ATTEMPTS OR PICK	215, 501
08/30/24 18:36:46	PUBLIC RELATIONS	CXMD8
08/31/24 21:37:41	SUSPICION	231
08/31/24 22:32:12	BURNING	

CFS Date/Time

Description

Primary Units

Total Records: 94

Wisconsin Division of Safety and Buildings
Wisconsin Stats. 101.63, 101.73

**VILLAGE OF COLFAX
UNIFORM BUILDING PERMIT APPLICATION**

Application No. 2024- 16
Parcel No.

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name <u>Jeff Prince</u>	Mailing Address <u>1004 University Ave Colfax, WI 54730</u>	Tel. <u>715-962-3497</u>
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 1004 University Ave, Subdivision Name Lot No. Block No.

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

1. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	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 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"/> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.
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	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)
	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	14. EST. BUILDING COST <u>\$ 1200</u>

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

APPLICANT'S SIGNATURE Jeff Prince **DATE SIGNED** 9-3-24

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.

Back yard shed

Municipality Number of Dwelling Location
1 7 . 1 1 1

FEES: Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <u>10.00</u>	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 _____ Tel. 715-962-4402 Cert No. _____
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Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	VILLAGE OF COLFAX UNIFORM BUILDING PERMIT APPLICATION	Application No. 2024- <u>12</u> <hr/> Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <u>Cody Wheelock</u>	Mailing Address <u>601 Pine St. Colfax, WI 54730</u>	Tel. <u>715-69-2121</u>
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 601 Pine St. 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: _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
				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"/>
				<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.						
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	\$ <u>1,000</u>						

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

APPLICANT'S SIGNATURE Cody Wheelock **DATE SIGNED** 9-10-2024

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.

Garden sled Replacing Old sled

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 \$ <u>10,00</u>	<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 <u>9-10-24</u> Tel. 715-962-4402 Cert No. _____

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-weight: bold;">2024-13</div> Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name <i>Mike Bachner</i>	Mailing Address <i>509 Fairview Drive, Colfax, WI</i>	Tel. <i>715-962-3747</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: *509 Fairview* 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="border: none;">Fuel</td> <td style="border: none;">Nat Gas</td> <td style="border: none;">LP</td> <td style="border: none;">Oil</td> <td style="border: none;">Elec</td> <td style="border: none;">Solid</td> <td style="border: none;">Solar</td> </tr> <tr> <td style="border: none;">Space Htg</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Water Htg</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><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)																					
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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 *M. Bachner* **DATE SIGNED** *9-13-24*

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 Windows + Siding

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 <u>George Entzminger</u> Date <i>9-13-24</i> Tel. <u>715-962-4402</u> Cert No. _____