

Town of Germantown
Zoning Compliance Permit Requirements
- FOR ALL OTHER CONSTRUCTION -

Application for Zoning Compliance Permits must be filed with the Town Zoning Administrator on forms furnished by the Town of Germantown. The Zoning Administrator shall act on the application within fourteen (14) calendar days following its receipt. If the application is rejected, the applicant will be notified, in writing, stating the reason(s) for rejection. A copy of the rejection notice shall be delivered to the Town Clerk and the Chairperson of the Zoning Board of Appeals.

An application for a building permit must be accompanied by:

- E. A site plan showing the location of the building, structure, or dwelling to be placed on the lot, plus any existing buildings or structures, well and/or septic system on the property and driveway from the street or road edge to its termination, all with respect to property lines and in correct relation to each other, in scale or in size dimensions.
- F. Proof of ownership i.e. copy of deed or tax bill.
- G. A valid Juneau County Sanitary and/or Shoreland Zoning Permit must be presented to the Zoning Administrator prior to issuance of a Zoning Compliance Permit for a dwelling, structure, or commercial building.
- H. A Zoning Compliance Permit for a dwelling will NOT be issued for dwellings with less than 816 square feet on the ground level.

NOTES:

Building setbacks are as follows: 10 feet from side lot line
30 feet from back lot line
30 feet from front lot line (or 63 feet from the center line of the road*)

*Those who live on private roads should **NOT** use the center of the road as a reference point. They should only use their surveyed lot lines.

The Zoning Compliance Permit is **NOT** a building permit. A Zoning Compliance Permit must be issued **BEFORE** you can apply for a building permit with the Building Inspector.

Town of Germantown

Updated Fee Schedule as approved by Town Board 10-10-2023

DOCUMENT MENU:

Fees Not Related to Ordinances

Fees Relating to Ordinances

FEEES NOT RELATED TO ORDINANCES

Copying and Open Record Fees

Regular	\$ 0.50 per page (plus postage if mailed)
Thumb Drive copies	\$10.00 per thumb drive (plus postage if mailed)
Email (Electronic) copies	\$ 0.20 per page
Fax – to send and/or receive	\$ 1.00 per page
Cost of locating	\$ 35.00 per hr with 1 hr minimum (plus postage if mailed)

Vacate of Public Way	\$150.00
Demolition Permit	\$75.00
Driveway permit -includes initial fire number sign, post, and installation	\$100.00
Replacement Fire number sign: post, sign, and installation if damaged or destroyed	\$100.00
Conditional use	\$200.00
Certificate of Zoning Compliance -up to 815 sq ft	\$100.00
Certificate of Zoning Compliance -816 sq ft or more	\$200.00
Certificate of Zoning Compliance – New Home	\$400.00
Non living space addition, i.e., carports, decks, roofs over manufactured homes, open porches, etc.	\$75.00
Fence Permit	\$75.00
Pool Permit	\$200.00
Motel (each living unit)	\$100.00
Multi-family building, i.e.: condominium per unit	200.00
Rezoning Amendment	\$200.00
Variance/Administration Appeal	\$200.00
Planned Unit Development	\$1200.00
Preliminary Plat / Final Plat	\$300.00 + \$10 per lot
Planned Unit Development Revisions	\$750.00
Site Plan Review	\$400.00
Impact Fee	\$855.89
Special Dwelling Permit (Refundable)	\$1000.00
Moving Permit (per structure)	\$500.00
Publishing a notice	Actual cost
Special Assessment Letter	\$40.00
Brush dump permit fee -Residential 2024	\$25.00
Brush dump permit fee – Residential 2 nd vehicle 2024	\$5.00
Brush Dump permit fee -Commercial 2024	\$250.00

**APPLICATION FOR DRIVEWAY ACCESS PERMIT
TOWN OF GERMANTOWN
JUNEAU COUNTY, WISCONSIN**

The undersigned hereby applies for a Driveway Access Permit for the premises described herein. The undersigned agrees that all construction shall be performed in accordance with the specifications of Ordinance #4, Section 6, and all other applicable Town Ordinances and the Laws and Regulation of the State Of Wisconsin.

Applicant or Agent _____
Permanent Address _____
Telephone Number _____
Owner of Site _____
Address _____
Contractor _____
Address _____
Phone Number _____
Address of Premises Affected _____

Lot # _____ Subdivision/PUD _____

Attachments:

The following required items shall be attached to this Application:

1. A Scaled Site Plan or Plat of Survey.
2. Copy of the Title Report or Deed showing proof of property ownership

ANY COST INCURRED BY THE TOWN OF GERMANTOWN TO REPAIR ANY DAMAGE TO A TOWN ROAD DURING THE CONSTRUCTION OF THIS DRIVEWAY WILL BE THE RESPONSIBILITY OF THE PROPERTY OWNER.

Applicant's Verification of Information:

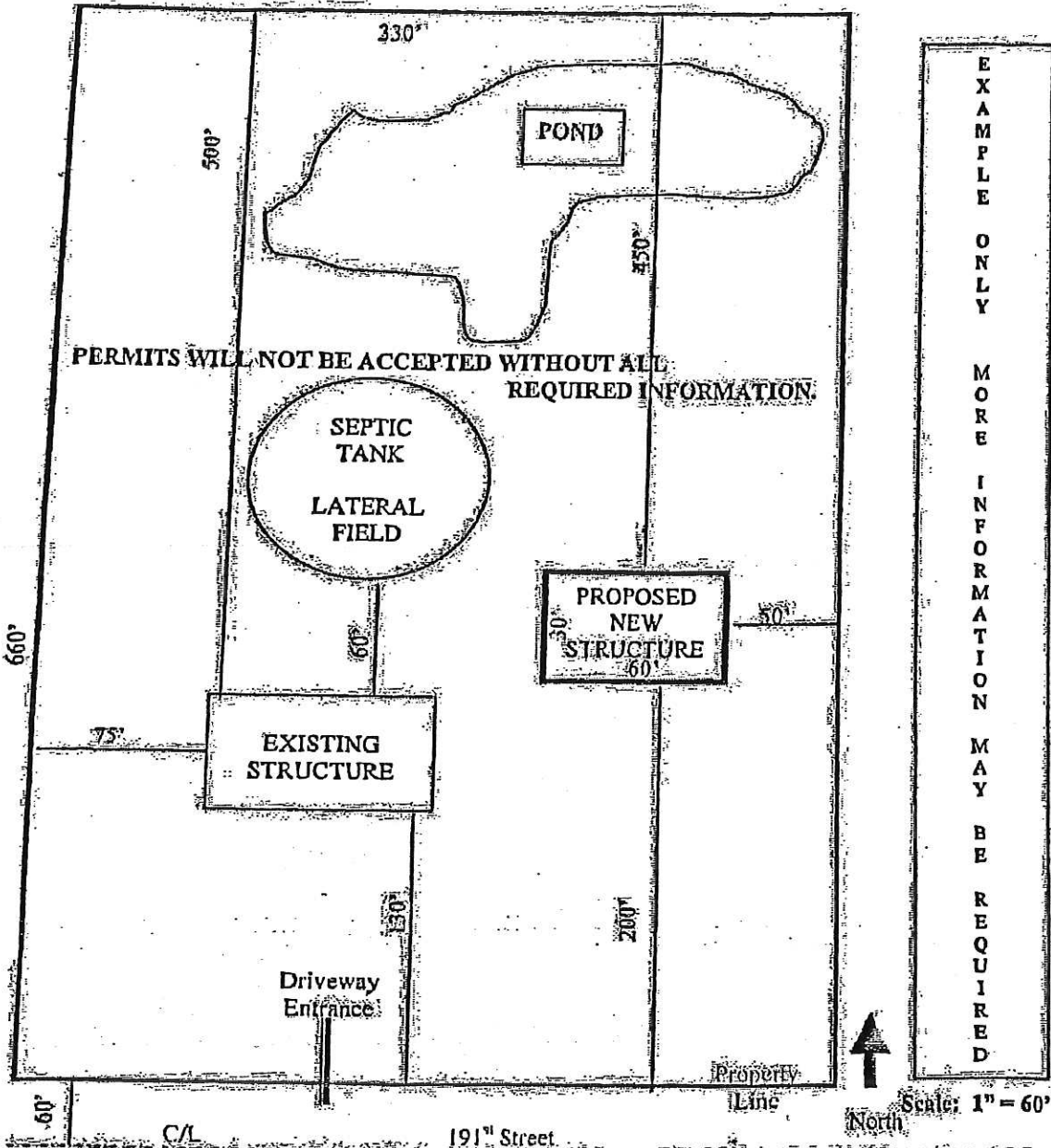
I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Owner _____
Signature

Applicant or Agent _____
Signature

Notice: Permit shall be revoked without notice if misrepresentation of any of the above information or attachments is found to exist. Permit is Null and void if issued in error.

Permit No. _____
Date Filed: _____
Fee Paid: _____
Date Issued: _____



EXAMPLE SITE PLAN

NOTE ALL MEASUREMENTS IDENTIFIED ON THIS EXAMPLE SHOULD APPEAR ON THE SUBMITTED SITE PLAN. THE SUBMITTED SITE PLAN MUST BE DRAWN TO SCALE.

- ALL MEASUREMENTS MUST BE TO SCALE**
- Please indicate:
- The location of all existing and proposed buildings/structures.
 - The distance from each structure to nearest property line.
 - The distance from centerline of adjacent street to property lines.
 - The scale used to draw the Site Plan.

APPLICATION FOR
CONDITIONAL USE PERMIT OR CERTIFICATE OF ZONING COMPLIANCE
TOWN OF GERMANTOWN, JUNEAU COUNTY, WISCONSIN

The undersigned hereby applies for a:

_____ Conditional Use Permit
_____ Certificate of Zoning Compliance

for the premises described herein. The undersigned agrees that all construction shall be performed, as shown on the attached drawings, in accordance with the requirements of the Town Zoning Ordinance and all other applicable Town Ordinances and the Laws and Regulations of the State of Wisconsin.

Applicant or Agent _____
Address _____ Phone _____
Owner of Site _____
Address _____ Phone _____
Lot Size: Length _____ Width _____
Building Size: Length _____ Width _____ Height _____
Contractor _____
Address _____ Phone _____
Address of the Premises Affected _____
Lot _____ Block _____ Subdivision Name _____
or Metes and Bounds Description _____
Zoning District Classification _____
Number of Dwelling Units Allowed to be built on this lot or parcel _____
Description of Existing Operation or Use _____
Description of Proposed Operation or Use _____
Type of Structure(s) _____
Number of Stories _____
Estimated Value _____
Type of Water Supply _____

Attachments:

Juneau County Sanitation Permit NR _____
Juneau County Shoreland Zoning Permit NR _____

The following required items shall be attached to this application:

1. Scaled Site Plan or Plat of Survey prepared by a registered land surveyor showing the location, boundaries, dimensions, elevations, uses and size of the following: subject site; existing and proposed structures; streets and other public ways; driveways; side and rear yards.
2. Additional Information as may be required by the Zoning Administrator.
3. Copy of Title Report or Deed.

Applicant's Verification of Information:

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Owner _____
Signature _____
Applicant or Agent: _____
Signature _____

Notice:

Permit shall be revoked without notice if misrepresentation of any of the above information or attachments is found to exist.

Permit is Null and Void if issued in error.

Construction of a new building, building addition, or alteration, or a building move shall not be permitted until the stakeout or placement of the building on the lot is approved by the Zoning Administrator.

Permit No. _____
Date Filed _____
Fee Paid _____
Date Issued _____

Number of dwelling units remaining to be developed on property _____

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	<h2 style="margin: 0;">Wisconsin Uniform Building Permit Application</h2> <p style="font-size: small; margin: 0;">Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]</p>	Application No. _____ Parcel No. _____																													
PERMIT REQUESTED: <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____																															
Owner's Name _____		Mailing Address _____	Tel. _____																												
Contractor Name & #Type _____		Lic/Cert# _____	Exp Date _____																												
Mailing Address _____		Telephone & Email _____																													
Dwelling Contractor (Constr.) _____																															
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.) _____																															
HVAC _____																															
Electrical Contractor _____																															
Electrical Master Electrician _____																															
Plumbing _____																															
PROJECT LOCATION Lot area _____ Sq.ft.		<input type="checkbox"/> One acre or more of soil will be disturbed <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____																													
_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W																															
Building Address _____		County _____	Subdivision Name _____																												
Zoning District(s) _____		Zoning Permit No. _____	Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.																												
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: _____																													
2. AREA INVOLVED (sq ft) <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Unfin.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck/Porch</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Unit 1	Unit 2	Total	Unfin.				Bsmt				Living Area				Garage				Deck/Porch				Totals				4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD 5. STORES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement	
	Unit 1	Unit 2	Total																												
Unfin.																															
Bsmt																															
Living Area																															
Garage																															
Deck/Porch																															
Totals																															
		6. ELECTRIC Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____																													
		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____																													
		9. HVAC EQUIP. <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____																													
		10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____																													
		11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																													
		12. ENERGY SOURCE <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar Geo</th> </tr> </thead> <tbody> <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> </tbody> </table>		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	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"/>							
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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"/>																									
		13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																													
		14. EST. BUILDING COST w/o LAND \$ _____																													
<p>I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. 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.</p> <p><input type="checkbox"/> I vouch that I am or will be an owner occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the second page of this form.</p>																															
APPLICANT (Print:) _____		Sign: _____ DATE _____																													
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																															
ISSUING JURISDICTION <input type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____		<input type="checkbox"/> County of _____ <input type="checkbox"/> State _____																													
		State-Contracted Inspection Agency# _____	Municipality Number of Dwelling Location _____																												
FEES: Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ _____		PERMIT(S) ISSUED <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	WIS PERMIT SEAL # _____ PERMIT ISSUED BY: Name _____ Date _____ Tel. _____ Cert No. _____ Email: _____																												

INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing jurisdiction, which is usually your municipality or county. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration. Please type or use ink and press firmly with multi-ply form.

PERMIT REQUESTED

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.
- If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch. NR 216.
- Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats., an individual taking out an erosion control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number of the dwelling contractor qualifier employed by the contractor, unless they reside or will reside in the dwelling. Per s. 101.63 (7) Wis. Stats., the master plumber name and license number must be entered before issuing a plumbing permit.

PROJECT LOCATION

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the site).
- Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA - Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in, including the following:

2. Area (involved in project):
 - Basements - include unfinished area only
 - Living area - include any finished area including finished areas in basements
 - Two-family dwellings - include separate and total combined areas
3. Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard" if there is no central source of heat.
10. Sewage - Indicate if the dwelling will be served by municipal sewer or privately owned treatment system. If a private system is used, include the Sanitary Permit number. Note: A building permit cannot be issued for a new dwelling that utilizes a privately owned wastewater treatment system until a sanitary permit has been issued. This applies to any new or existing private onsite wastewater treatment system that will be used by the dwelling.
13. Heat Loss - Provide heat loss summation data (BTUs/HR) derived from the ResCheck report or the "Heating System Sizing Summary Calculator" available on the Division's website: <http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/One-and-Two-Family-UDC>.
14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

SIGNATURE - The owner or the contractor's authorized agent shall sign and date this application form. If you do not possess the Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or construction permits.

CONDITIONS OF APPROVAL - The authority having jurisdiction uses this section to state any conditions that must be complied with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

- Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name
- Fill in State Inspection Agency number only if working under state inspection jurisdiction.
- Fill in Municipality Number of Dwelling Location
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

Cautionary Statement to Owners Obtaining Building Permits

101.65(1r) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one and two family dwelling code or an ordinance enacted under s. 101.654(1)(a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

I vouch that I am or will be owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility above.

Wetlands Notice to Permit Applicants

You are responsible for complying with State and Federal laws concerning the construction near or on wetlands, lakes and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs may incur. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil

I understand that this project is subject to Ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Cautionary Statement to Contractors for Projects Involving Building Built Before 1978

If this project is in a dwelling or child-occupied facility built before 1978 and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint or involves windows, then the requirements of DHS Ch. 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608) 261-6876 or go to the Wisconsin Department of Health Services lead homepage for details of how to be in compliance.

Contractor Credential Requirements

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Industry Services. Contractors are also required to only subcontract with contractors that hold the appropriate contractor credential.

By signing this document, owner confirms that he/she has read and understands all of the above stated information.

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

O'DELL'S BAY SANITARY DISTRICT #1
N7832 LAKE VIEW COURT
NEW LISBON, WI 53950
PH: 608-562-3880
FAX: 608-562-3881

To: All "Unconnected" Members of O'Dell's Bay Sanitary District #1

Subject: Connection Procedure and Fee

This procedure and one time fee apply at the time any new building or home is scheduled for connection to the Sanitary District system. The procedure allows us to better manage the connection process and to ensure that all connections are accomplished in an efficient and consistent manner without any related cost to the District. It is intended to be mutually advantageous to the property owner, the plumbing contractor and the District.

Our connection Procedure and Fee Schedule is as follows:

*Prior to the desired timing of a new connection, it is mandatory that the Sanitary District Office be contacted with a preferable 1-2 weeks' notice either by phone (562-3880) or by letter. **At least 5 business days advance notice is required** to avoid inadvertent delays; if less is provided, **an additional \$50.00 will be charged**. The District will arrange for the building contractor and/or plumbing firm involved to contact our licensed sanitary system operator to schedule a firm date for the connection. Connections will be scheduled for a Wednesday, with our operator present to advise and oversee the entire process. This will include the opening, and replacement if necessary, of the curb stop valve as well as the possible need to open other valves in the system's main lines. If a curb stop valve must be replaced, our engineer will advise the Plumber as to type of valve approved by the District. It should be noted that in Half Moon Bay any existing "plastic" valves must be replaced with an approved brass valve. Upon completion of the work, our engineer will certify and notify the District that the connection process has been satisfactorily accomplished. The property owner's status will then immediately change from "unconnected" to "connected" with the annual usage fee revised accordingly.

*The O'Dell's Bay pumping system was designed using a hydraulic computer model which is based on the E-One grinder pump. While there may be other pumps that could be substituted, the system was not hydraulically modelled using another pump, and therefore, the District cannot verify proper pump performance using a different pump manufacturer. The District recommends all sewer system connections are made using the E-One IH091, one (1) horsepower grinder pump with the Protect Panel.

*All connections must be handled by, or under the direct supervision of a plumber licensed in the State of Wisconsin.

*The District will assess the property owner a one-time \$200.00 connection fee to offset expenses involved, providing the hook-up is done on a regularly scheduled date. **If an alternate date must be scheduled for connection other than a Wednesday, an additional \$150.00 charge will be added to that fee.**

Thank you in advance for your cooperation and assistance.

O'Dell's Bay Sanitary District #1, Board of Commissioners