

STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
**BAYFIELD COUNTY WISCONSIN**  
 Stamp (Revised)  
 JAN 08 2016  
 Bayfield Co. Zoning Dept

Permit #:	16-0098
Date:	1-29-16
Amount Paid:	\$108
Refund:	109-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
 Checks are made payable to: Bayfield County Zoning Department.  
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **John A. + Claudette Treibys** Mailing Address: **77820 Evergreen Rd.** City/State/Zip: **Port Wing WI. 54865** Telephone: **715-774-3517**

Address of Property: **77830 Evergreen Rd Ext.** City/State/Zip: **Port Wing, WI 54865** Cell Phone:

Contractor: **Cleary Building Corp** Contractor Phone: **608 845-9700** Plumber:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached  Yes  No

PROJECT LOCATION: **NE 1/4, NE 1/4** Legal Description: (Use Tax Statement) **0262468830100010000** PIN: (23 digits) **0262468830100010000** Recorded Document: (i.e. Property Ownership) **1114** Page(s) **101**

Section **30**, Township **49~~N~~ N**, Range **08** W Vol. & Page **V. 1114 P. 101 106** Lot(s) No. Block(s) No. Subdivision: **Oriente**

Distance Structure is from Shoreline: **500** feet Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: **500** feet Distance Structure is from Shoreline: **500** feet

Lot Size **40** Acreage **40**

Shoreland  Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain?  Yes---continue  No

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue  No

Value at Time of Completion: **\$36,000** \* include donated time & material

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input checked="" type="checkbox"/> Machine Shop	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: **72'** Width: **57'** Height: **14'**

Proposed Construction: **Machine Shop**

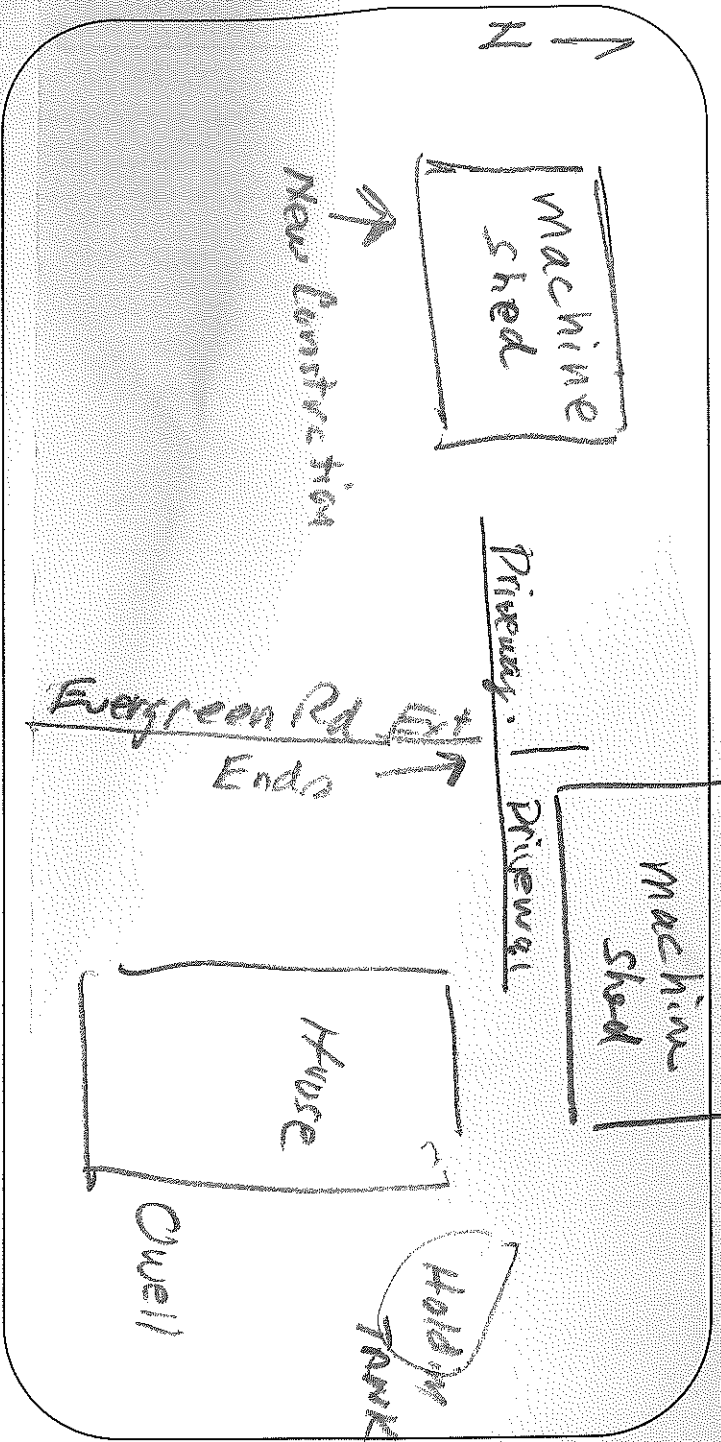
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	( )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	with Loft	( )	( )
	with a Porch	( )	( )
	with (2 <sup>nd</sup> ) Porch	( )	( )
	with a Deck	( )	( )
	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	( )
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )
	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( )	( )
	Accessory Building (specify)	( )	( )
	Accessory Building Addition/Alteration (specify)	( )	( )
	Rec'd for Issuance	( )	( )
	JAN 29 2016	( )	( )
	Special Use: (explain)	( )	( )
	Conditional Use: (explain)	( )	( )
	Secretarial Staff	( )	( )
	Other: (explain)	( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
 I/we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I/we acknowledge that I/we am (are) responsible for the detail and accuracy of all information I/we am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I/we further accept liability which may be a result of Bayfield County relying on this information. I/we am (are) providing in or with this application. I/we consent to county officials, charged with administering county ordinances to have access to the above described property at any reasonable times for the purpose of inspection.

Owner(s): **John A. + Claudette Treibys** Date: **1/29/2016**  
 (If there are Multiple Owners listed the deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: **Deanna J. Juby** Date: **1/29/2016**  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: **77820 Evergreen Rd Ext Port Wing, WI 54865** Attach Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)  
 (8) Setbacks: (measured to the closest point)  
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	120 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	60 Feet	Setback from the River, Stream, Creek	600 Feet
Setback from the North Lot Line	600 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	60 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	240 Feet	Setback to Well	245 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner, to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  
 NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Expires (Date):	Permit Date:	Reason for Denial:			
Permit #: 16-0018	Permit Date: 1-29-16				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Were Property Lines Represented by Owner Was Property Surveyed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inspection Record:					
Date of Inspection: 1-27-16	Inspected by: [Signature]	Zoning District: A-1	Lakes Classification: NA	Date of Re-Inspection:	
Condition(s) / Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Building SHAW NOT BE USED FOR HUMANS FIRE STATION					
Signature of Inspector: [Signature]					Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		