

SUBMIT: COMPLETED APPLICATION, TAX 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  
 ENTERED  
 APR 17 2017  
 Bayfield Co. Zoning Dept.

Permit #:	17-0133
Date:	5-18-17
Amount Paid:	\$75 4-18-17
Refund:	\$80 5-18-17

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: PAUL TRIBOVICH Mailing Address: 93600 Little Swa Bay Rd Bayfield, Wis. 54814 City/State/Zip: \_\_\_\_\_ Telephone: 715-779-5546

Address of Property: 93600 Little Swa Bay Rd. City/State/Zip: \_\_\_\_\_ Cell Phone: 715-291-4809

Contractor: SELE Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

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: SW 1/4, NE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM 28926 Vol & Page 601/345 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Deed (i.e. # assigned by Register of Deeds) Document #: \_\_\_\_\_ R: \_\_\_\_\_

Section 04, Township S1 N Range 4 W Town of: Russell Lot Size \_\_\_\_\_ Acreage 37.72

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property in Floodplain Zone?  Yes  No Are Wetlands Present?  Yes  No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 3500.00	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input checked="" type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 80' Width: 60' Height: 14' walls

Proposed Construction: Length: 24' Width: 12' Height: 5' wall

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( )	( )
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input type="checkbox"/> Residential Use	with Loft	( )	( )
<input type="checkbox"/> Residential Use	with a Porch	( )	( )
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( )	( )
<input checked="" type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck with Attached Garage	( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	( )	( )
<input checked="" type="checkbox"/> Commercial Use	Addition/Alteration (specify) <u>Electric Bunkhouse &amp; office area</u>	(12' X 24')	288 S.C.
<input type="checkbox"/> Commercial Use	Accessory Building (specify)	( )	( )
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Municipal Use	Recd for Issuance	( )	( )
<input type="checkbox"/> Municipal Use	Special Use: (explain)	( )	( )
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	( )	( )
<input type="checkbox"/> Municipal Use	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 time for the purpose of inspection.

Owner(s): Paul Tribovich Date 4-17-17  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

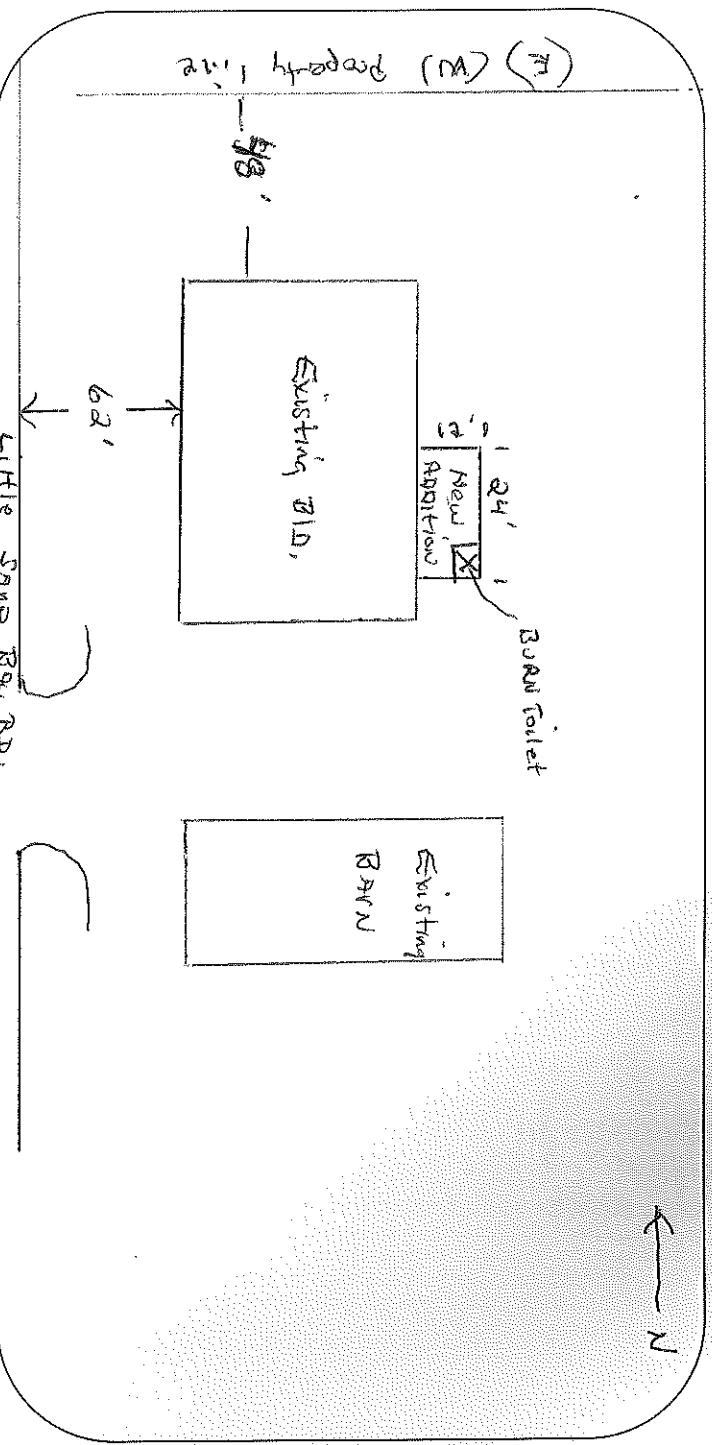
Address to send permit \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

7-0183

Zoning Class  
 Draw or Sketch your Property (regardless of what you are applying for)

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



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	74 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	41 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	48 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	635 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	74 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1176 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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 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.

**Issuance Information (County Use Only)** Sanitary Number:                      # of bedrooms:                      Sanitary Date:                     

Permit Denied (Date):                      Reason for Denial:                     

Permit #: 17-0183 Permit Date: 5-12-17

Is Parcel a Sub-Standard Lot  Yes  No (Bead of Record)  Yes  No

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #:                      Previously Granted by Variance (B.O.A.)  Yes  No Case #:                     

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No                     

Were Property Lines Represented by Owner  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: Approved 16-0333 to replace commercial permitted masonry stable + farm structure in R-1 zone with new barn Zoning District:                      Lakes Classification:                      (N.A.)

Date of Inspection: 5-2-17 Inspected by: JSC MURPHY Date of Re-Inspection:                     

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No - (If No they need to be attached)

Signature of Inspector:                      Date of Approval: 5-12-17

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:

City, Village, State or Federal  
Also Be Required

LAND USE - X  
SANITARY - Incinerating Toilet  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0133** Issued To: **Paul Tribovich**

Location: **SW** ¼ of **NE** ¼ Section **4** Township **51** N. Range **4** W. Town of **Russell**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Commercial Principal Addition: [ 1- Story; Office (12' x 24') = 288 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**May 12, 2017**

Date