

1663-97

PERMIT # 1663-97

PLEASE POST PERMIT IN A  
CONSPICUOUS LOCATION PRIOR  
AND DURING CONSTRUCTION

ONEIDA COUNTY ZONING L.O.P.

Applicant's Name WILLIAM HREN  
Phone (715) 546-3400  
Landowner's Name "  
Phone ( ) "  
Contractor/Agent "  
Phone ( ) "

Mailing Address P.O. Box 597  
Mailing Address THREE LAKES WIS. 54562  
Mailing Address "  
Mailing Address "

If property fronts on water, give name of water body NA  
Name road which provides access to or is adjacent to the property. St Hwy 45

1. PROJECT (Check all codes that apply)

- ☐ (A) New  
☐ (B) Alteration  
☐ (C) Move  
☒ (D) Addition  
☐ (E) Change of Use  
☒ Foundation  
☐ (G) Raze Structure  
☐ (H) Attached to Home  
☐ (I) Detached from Home  
☐ (J) Other (Specify) \_\_\_\_\_

2. TYPE (Check all that apply)

- ☐ (A) Residential  
☐ (1) Single Family  
☐ (2) Multiple Family  
☒ (B) Business  
☐ (C) Other (Specify) \_\_\_\_\_

3. USE (Check all that apply)

- ☒ (A) Year Round  
☐ (B) Seasonal  
☐ (C) Other \_\_\_\_\_

4. CONSTRUCTION TYPE

- ☒ (A) Site Constructed  
☐ (B) Manufactured  
☐ (C) Mobile Home  
☐ (D) Other (Specify) \_\_\_\_\_

5. WATER SUPPLY

- ☐ (1) Private  
☒ (2) Municipal  
☐ (3) Other (Specify) \_\_\_\_\_

6. SANITARY/SEWER

- ☐ (A) Sanitary Permit # \_\_\_\_\_  
☐ (B) Septic System Evaluation Date \_\_\_\_\_  
☒ (C) Sanitary District Connection  
☐ (D) Other \_\_\_\_\_  
☐ (E) # of Bedrooms upon completion \_\_\_\_\_

7. FOUNDATION (Check all that apply)

- ☐ (A) Basement \_\_\_\_\_ Finished Basement  
☒ (B) Crawl Space \_\_\_\_\_ Unfinished Basement  
☐ (C) Slab \_\_\_\_\_ Walkout  
☐ (D) Other (Specify) \_\_\_\_\_

8. If the project involves a dwelling which is subject to the provisions of Section 9.42 of the Ordinance, identify in which area classification (Area #1, #2, 2A, #3, or #4) the dwelling is located and state whether the structure complies with the area minimum requirements (See 9.42 C of the Ordinance).  
N/A Area Classification No. \_\_\_\_\_ Compliance YES ..... NO

9. SETBACKS (Attach Form #11) - Scaled/dimensioned drawing must accompany form.

- (A) 2 FT feet from structure's nearest point to centerline of road. Plot of within Village of Three Lakes  
(B) 2 FT feet from structure's nearest point to right-of-way.  
(C) NA feet from structure's nearest point to waterline (Ordinary High Water Mark).  
(D) NA feet from structure's nearest point to 100 year floodplain. None shown on 191  
(E) 100 FT 5 FT feet from structure's nearest point to both side lot lines. FIRM # 100.02  
(F) NA feet from structure's nearest point to septic tank/absorption area.

10. PROJECT DETAIL (Attach Form 11) - On the attached sheet which is provided, list all significant construction elements (for example, expanding existing bedroom by adding two new exterior walls, or removal of exterior or interior wall or partition). On the attached sheet provide the above requested information for each separate project this application is intended to cover.

PURPOSE #1 Game Room + Storage Length 30 x Width 37 x Height 10 Sq. Ft. 1110 x 12  
Codes from PROJECT #1 above - list all that apply D 133.20  
Total fair market value, including labor upon completion \$ 50,000.  
PURPOSE #2 \_\_\_\_\_ Length \_\_\_\_\_ x Width \_\_\_\_\_ x Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Codes from PROJECT #1 above - list all that apply \_\_\_\_\_  
Total fair market value, including labor upon completion \$ \_\_\_\_\_  
PURPOSE #3 \_\_\_\_\_ Length \_\_\_\_\_ x Width \_\_\_\_\_ x Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Codes from PROJECT #1 above - list all that apply \_\_\_\_\_  
Total fair market value, including labor upon completion \$ \_\_\_\_\_

**APPLICANT'S CERTIFICATION:** The undersigned hereby applies for the above described location and occupancy permit and certifies that the information provided is complete, accurate, and that all projects will be completed in compliance with the requirements of the Oneida County Zoning Ordinance and all other applicable ordinances and laws of the State of Wisconsin. The applicant understands that additional information or permits may be required from Oneida County. The applicant understands that the issuance of this permit creates no legal liability, express or implied, on Oneida County and that failure to comply with the permit may result in suspension or revocation of this permit or other penalty.

Print name (owner/agent): WILLIAM C HREN Signature (owner/agent): William C Hren  
Date 8-13-97 Date 8-13-97  
Deputy Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Permit Granted by: Steven R. Peterson Date 10/27/97  
Title: Administrator

FOR OFFICE USE:  
REMARKS: CUP # 1418-97 - State Plan approval - Bldg. Addition  
97-10-0934-B (Early Start only - Refs to LOP 1474-97)

Sanitary Inspection Fee \$ \_\_\_\_\_ Total Fee \$ 133.00 Receipt # 24463  
Early Start \$30.00 #24882  
Form #12 - 4/1/91 Expiration Date: 10/26/98

NAME WILLIAM HREN

ADDRESS P.O. Box 592 THREE LAKES 54562

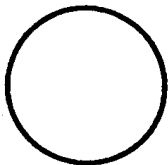
PIN # 2487-1, 2488, 2489 SITE ADDRESS 1765 SUPERIOR ST.

PRESENT AND PROPOSED USES OF THE PROPERTY: RESTAURANT + BAR <sup>Replacing</sup> ~~ADDITION~~ GAME ROOM  
+ Storage

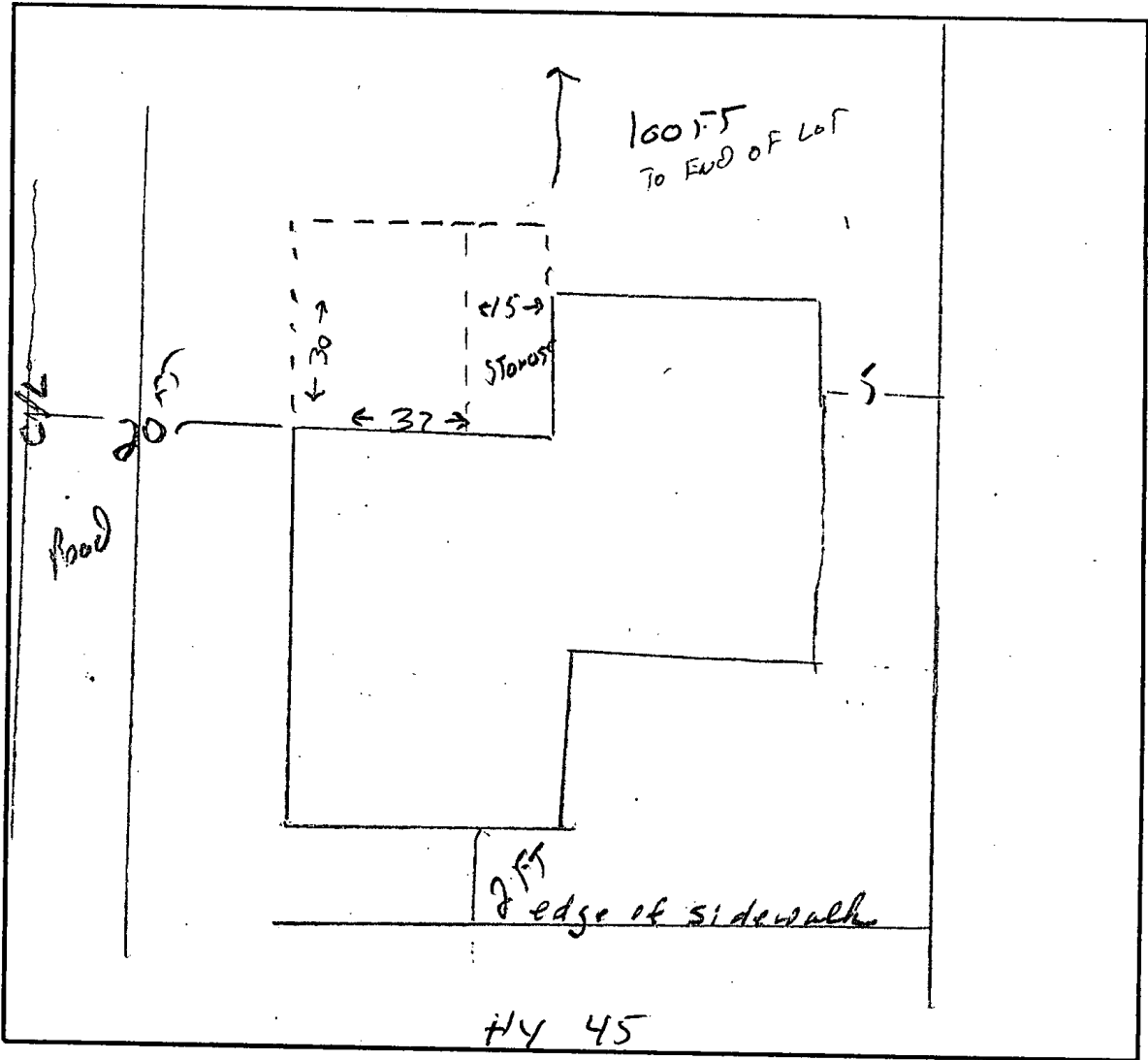
SKETCH SHALL INCLUDE: (1) Boundaries of the property, (2) Location of existing structures, proposed new structures/additions, and sewage systems, including measured distances from all lot, center and right-of-way lines of any abutting roads, (3) The ordinary high water mark (shore) lines and 100 year floodplain boundary of any stream or lake on which the property abuts.

Show dimensions or indicate scale

1 inch = \_\_\_\_\_



Indicate North with arrow.



PROJECT DETAIL: GAMES + Storage

Cement Foundation 2x6 STUD WALLS. STEEL DOORS Dry Wall  
+ Wood Trim + Paint

(If necessary, continue on reverse side)

DEPARTMENT OF COMMERCE  
SAFETY & BUILDINGS  
340 E GREEN BAY ST #300  
SHAWANO WI 54186

PLAN EXAMINATION LETTER

FILE NO. E-  
PLAN NO. 97-10-01  
VOLUME

TRAN # 97-50550

Note: This Preprinted Plan Review letter is being used at the discretion of the plan examiner to expedite the plan review. It serves as the review correspondence.

Occupancy CH 54 TRADER REST  
Tenant BLACK FOREST PUB+GRILL  
Owner BILL & KAREN HREN  
Location 1765 SUPERIOR ST  
Municipality THREE LAKES, WI  
County ONEIDA

Supervising Professional

DONALD KURKOWSKI

DONALD KURKOWSKI  
ARCHITECTS/PLANNERS  
1545 SOUTH 84TH ST  
WEST ALLIS, WI 53214

Plans have been reviewed for compliance with the important code requirements in Chapters ILHR 50 through 64 of the rules of the Department.

The BLDG. ADDN plans are:

☒ CONDITIONALLY APPROVED

☐ WITHHELD

☐ NOT APPROVED

If the plans are stamped "CONDITIONALLY APPROVED" construction may proceed, but all items that are required to be changed by this letter must be corrected before commencing that part of the work.

You are advised that the owner as defined in Chapter 101.01(2)(i) of the Wisconsin State Statutes is responsible for all code requirements not specifically cited.

The building will be inspected during and after construction. The owner shall notify the state building inspector and the local building inspector before taking possession of the building.

ILHR 50.15 EVIDENCE OF APPROVAL. The architect, professional engineer, designer, builder or owner shall keep at the building, one set of plans bearing the stamp of approval.

This plan has not been reviewed for compliance with Chapters ILHR 82 through 88, the Plumbing Rules of the Department.

THIS BUILDING HAS BEEN CLASSIFIED AS NO. \_\_\_\_\_ CONSTRUCTION. ☐ SPRINKLERED ☐ UNLIMITED AREA

COMMENTS: ILHR 51.16.2, GUARDRAILS ON THE STAIRS AND RAMP SHALL BE 3 FEET 6 INCHES HIGH WHERE THE STAIRS AND RAMP ARE MORE THAN 24 INCHES ABOVE GRADE.

Plans for the following shall be submitted to this office and approved prior to construction of that component.

Trusses ☐ Precast Concrete ☒ Heat & Vent Systems ☒ Illumination ☐

Building Inspector - Region BIBEAU R-3

Local Inspector - THREE LAKES

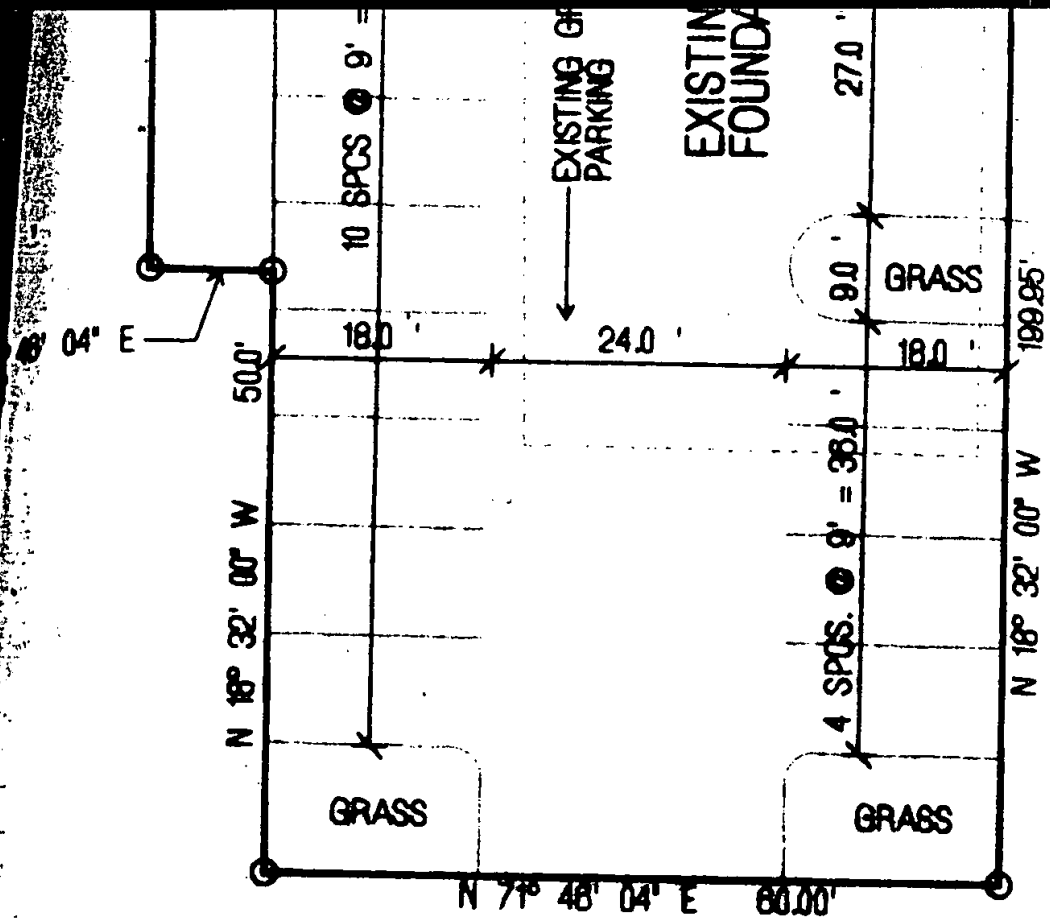
BILL & KAREN HREN  
1765 SUPERIOR ST  
THREE LAKES, WI 54562

Area Code

Phone (715) 627-7329 TUE

BY: John Regan  
PLAN EXAMINER

Phone 715-524-3626



ite plan

SCALE: 1" = 20'

NORTH

*Bldg. Addn*  
Conditionally

**APPROVED**

DEPARTMENT OF COMMERCE  
DIVISION OF SAFETY AND BUILDINGS

*John H. Goral*

SEE CORRESPONDENCE

97-10-0934-B

TRANI # 97-50550

RECEIVED

**PLANNING AND ZONING  
ONEIDA COUNTY**

Court House Building

P.O. Box 400

September 22, 1997  
Rhinelander, Wisconsin 54501-0400

William and Karen Hren  
7510 Forest Lane  
Three Lakes, WI 54562

RE: Construction of a 30' x 37' two-story addition.

Dear Mr. and Mrs. Hren:

Permit #: 1418-97

Property described as Lots 5, 6 & 7, Block 6, Plat of the Village of Three Lakes, on property further described as the N 1/2 of the NW 1/4, Section 7, T38N, R11E, Town of Three Lakes, PIN #'s TL 2487-1, 2488 and 2489.

Your Conditional Use Permit was approved, contingent on the following conditions. Failure to comply with all conditions will invalidate this approval.

1. Project must be commenced within two (2) years of permit issuance date.
2. Town Board concerns.
3. Location and Occupancy Permit for the construction of the addition. State approved plans may be required.

The above referenced Conditional Use Permit was approved by the Oneida County Planning and Zoning Committee on September 17, 1997 and by the Town Board of Three Lakes on September 2, 1997.

It is my understanding that State approved plans are required for the construction of the 30' x 37' two-story addition. Therefore, this Department is currently holding your Location and Occupancy Permit application pending receipt of either a State plan approval letter or a copy of the State approved building plans. If you have any questions, please don't hesitate to contact me.

Respectfully,

*Steven R. Osterman/sj*

Steven R. Osterman  
Zoning Administrator

SRO:sj