

previously applied / permit fee pd.

APPLICATION FOR SIGN

JUN 23 2011

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

Bayfield Co. Zoning Dept.

Office Use:	
Application No.	11-0830
Date	7/21/2011
Fee Paid	\$50.00 5/4/11
	RDS

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.
Changes in plans must be approved by the Zoning Department

Applicant Bayfield Winery **Contractor** _____

Address 25096 Hwy Hwy I **Authorized Agent** Renate Hauser

Bayfield, WI 54814 **Agent's Telephone** 913.660.3471

Telephone 715.779.0121 / 800.316.1836 **Written Authorization Attached:** Yes () No ()

Accurate Legal Description involved in this request: **Zoning District:** A1 w/ special use permit

~~S2~~ 1/4 of ~~S2~~ 1/4 of Section 11 Township 50 N. Range 4 W. Town of Bayfield

Gov't Lot 1 **Lot** 1 **Block** _____ **Subdivision** of 006-150 of 11-3 03-000-40000 **CSM #** 1418

Volume 8 **Page** 302 **of Deeds** Parcel I.D. # _____ **ACREAGE** 4.510

Additional Legal Description: _____ **ATTACH Copy of Tax Statement**

Sign: On-premise Off-premise **Sign:** New Replacement

Size of Sign: 4 Feet by 4 Feet **Height of Sign:** 9' Feet from grade to top of Sign

If this sign is off-premise, owner of property must complete the following:

I, _____, owner of the above described property, do hereby give my authorization for _____ to erect and maintain a sign on my property. Signed _____ Date _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued: _____ **Property Owner** _____

Date 7/21/2011 **Permit Number** 11-0830 **Permit Denied (Date)** _____

Reason for Denial: _____

Inspection Record: Sign and Party Posts not Exceed Highest Point of Structure (Plumbers walls were on grade)

Requirements met & Return to City **By** RN **Date of Inspection** 7-15-11

Variance (B.O.A.) # _____

Condition Met for issuance **Signed** _____ **Date of Approval** 7-15-11

JUL 21 2011 **Signed** _____ **Inspector** _____

Secretarial Staff

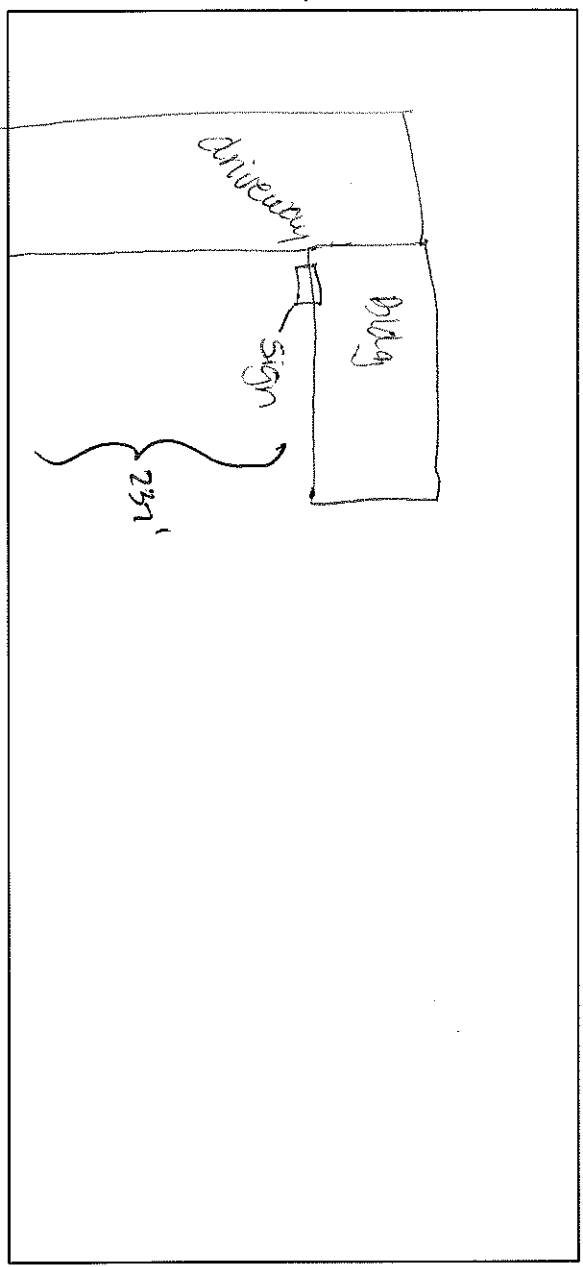
and use frontage road as a guideline, and indicate North (N) on plot plan

Show the sign location

IMPORTANT
Detailed Plot Plan is Necessary

2. Show dimensions in feet on the following:

- a. Sign from centerline of road(s).
- b. Sign from right-of-way line
- c. Sign from property lines
- d. Sign from lake, river, stream or pond
- e. Sign from other signs



Name Frontage Road (4th Hwy I)
 NOTICE: The local town, village, city, state or federal agencies may also require permits.
 Sign Plan
 (Fill in Information Desired on Sign)

See Attached

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.

I, the undersigned, attest that the information contained herein is accurate and true.

Renee Thorne Applicant's/ Agent's Signature 5.24.11 Date

Address to Mail Permit to