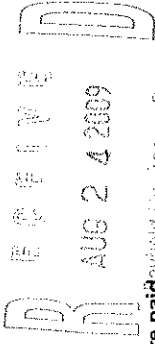


\$50 South

APPLICATION FOR SIGN

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



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

Office Use:
Application No. 09-0383 **RECEIVED**
Date _____
Fee Paid \$50. 8/24/09 mg

Applicant Rasmussen Bros. Rental Prop. **Contractor** Self

Address P.O. Box 66 **Authorized Agent** Jeff Rasmussen

Cable, WI 54824 **Agent's Telephone** 715-798-3355

Telephone (715) 798-3355 **Written Authorization Attached:** Yes () No (x)

Accurate Legal Description involved in this request: Commercial

NE 1/4 of NE 1/4 of Section 24 Township 43 N. Range 8 W. Town of Cable

Gov't Lot # _____ **Lot** _____ **Block** _____ **Subdivision** CSM

Volume 207 **Page** 293 **of Deeds** 04-012-2-43-08-24-1
less 723 **i39** **Parcel I.D. #** 01-000-50000 **ACREAGE** 8.27

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

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

Size of Sign: 8 Feet by 12 Feet **Height of Sign:** ± 10 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:
Date 9-1-09 Permit Number 09-0383 Permit Denied (Date) _____

Reason for Denial: _____

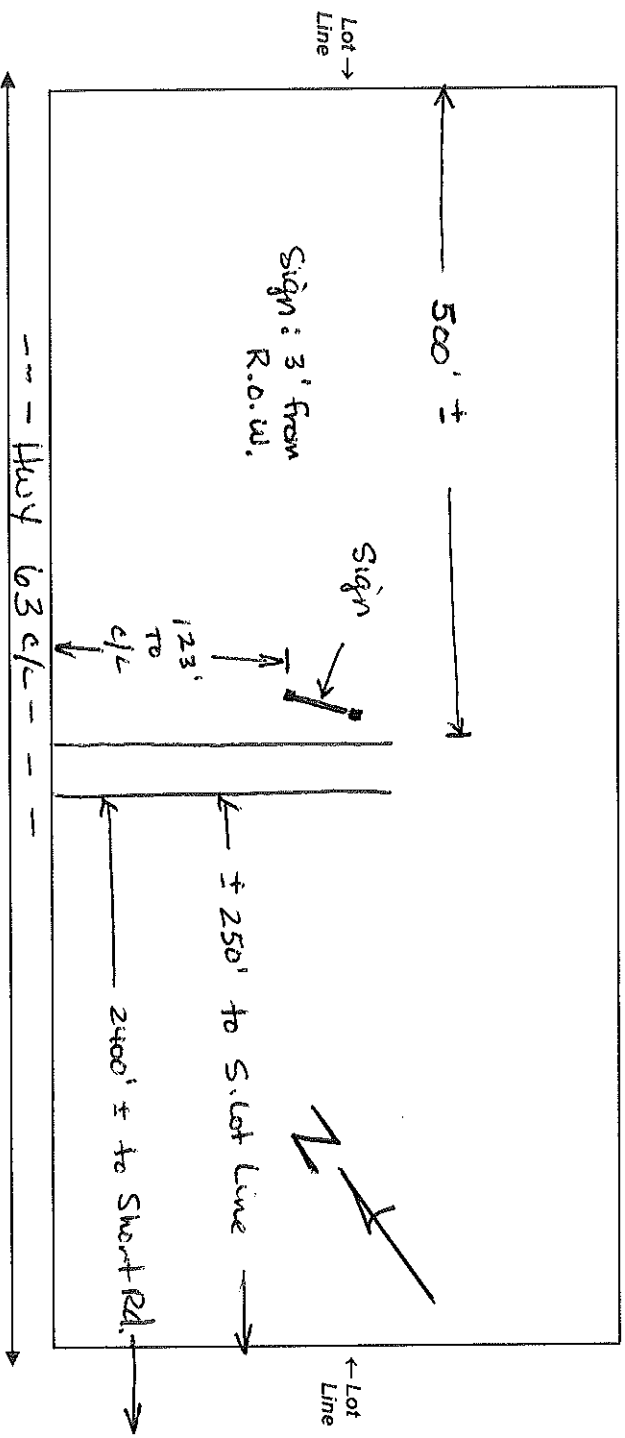
Inspection Record: Meets all setbacks. Property lines per owner's representations. By M. Fuitak Date of Inspection 8-27-09

Variance (B.O.A.) # _____ **Record for Issuance** SEP 1, 2009

Condition _____ **Signed** Michael Fuitak **Inspector** 8-31-09 Staff **Date of Approval** _____

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan ✓
 2. Show the sign location ✓
- IMPORTANT**
Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:
 - a. Sign from centerline of road(s). (123')
 - b. Sign from right-of-way line (3')
 - c. Sign from property lines (±250' to S. Lot Line)
 - d. Sign from lake, river, stream or pond N/A
 - e. Sign from other signs (Proposed new sign to North is ± 500')



Name Frontage Road (USH 63)
 NOTICE: The local town, village, city, state or federal agencies may also require permits.
 Sign Plan
 (Fill in Information Desired on Sign) 12'

ANDRY
 RASMUSSEN
 PLUMBING + HEATING
 TURN HERE →

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.

[Signature] Applicant's/Agent's Signature
Andry Rasmussen + Sons
 Address to Mail Permit to
 P.O. Box 66 Cable WI 54821
 8/20/09 Date