

APPLICATION FOR SIGN RECEIVED

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

APR 09 2010

Office Use:
Application No. 10-0070
Date _____
Fee Paid \$50
4-12-10/149

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 Tom Schnell **Contractor** Tom Schnell
Address 14803 S Hwy 13 P.O. Box 11 **Authorized Agent** Tom Schnell
Herbster, WI 54844 **Agent's Telephone** 715-491-9395
Telephone 715-774-3103 **Written Authorization Attached:** Yes () No ()

Accurate Legal Description involved in this request: Commercial
Lot 3, Block Seven (7), Plat of Orchard City **Zoning District:** _____
1/4 of Section 8 Township 50 N. Range 7 W. Town of Clover
Gov't Lot 3 **Block** 7 **Subdivision** part of Orchard City **CSM #** _____
68-014-2-50-01-05-1 00-236-3400
Volume _____ **Page** _____ **of Deeds** _____ **Parcel I.D. #** _____ **ACREAGE** 0.14

Additional Legal Description: _____ **ATTACH Copy of Tax Statement**
Sign: On-premise Off-premise **Sign:** New Replacement
Size of Sign: 5 Feet by 3 Feet **Height of Sign:** 16 Feet from grade to top of Sign

If this sign is off-premise, owner of property must complete the following:
I, Tom Schnell, owner of the above described property, do hereby give
my authorization for Don Schnell to erect and maintain a sign on my property.
Signed Tom Schnell Date 3-22-10

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

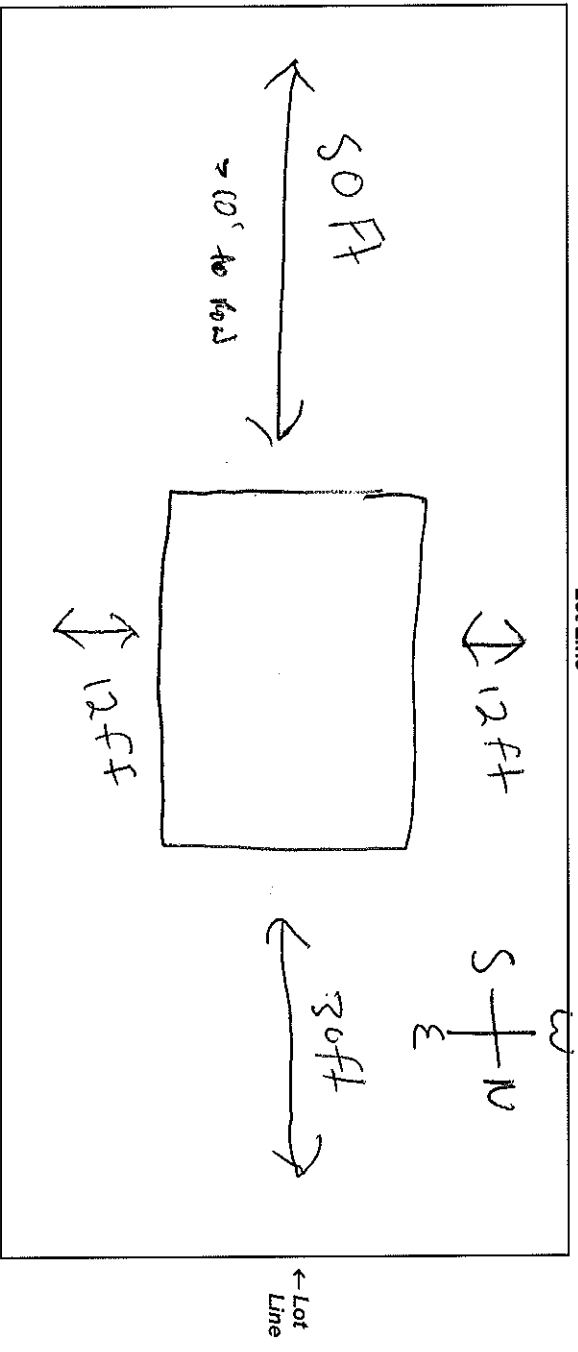
For Office Use Only

Permit Issued: _____ **Permit Denied (Date)** _____
Date 4/12/10 **Permit Number** 10-0070
Reason for Denial: _____
Inspection Record: Structural Setbacks/Exhibitions as Requested by applicant & Sign Configuration & REPRESENTATION'S AREA TO MEET **Date of Inspection** 4-9-10
Variance (B.O.A.) # _____
Condition Sign is one per existing sign **Signed** [Signature] **Inspector** _____
Date of Approval 4-9-10

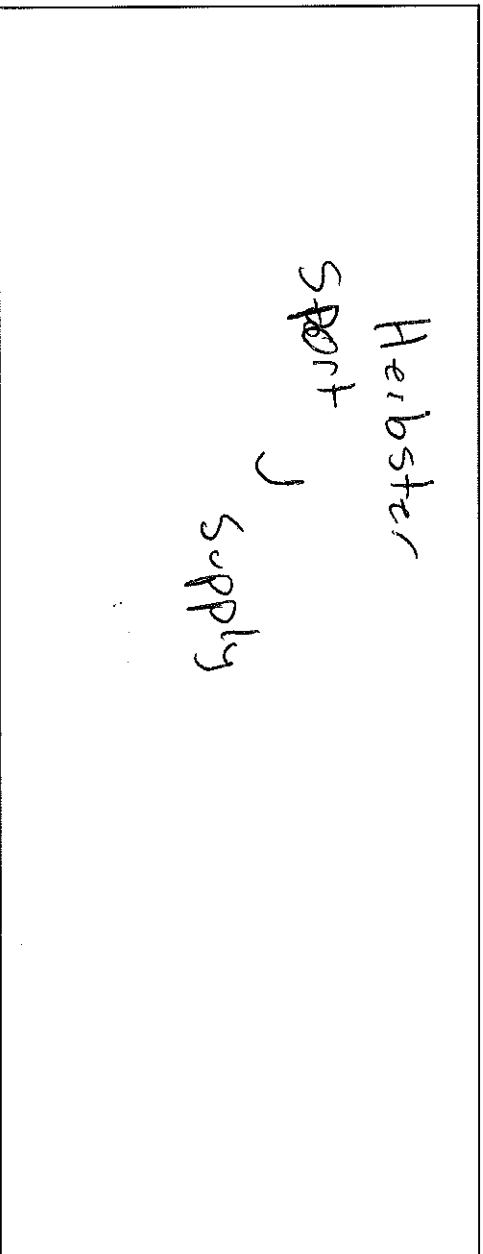
1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the sign location
3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

- 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 (St Hwy 13)
 NOTICE: The local town, village, city, state or federal agencies may also require permits.
 Sign Plan
 (Fill in Information Desired on Sign)



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.

[Handwritten Signature]

3-22-10

Applicant's/ Agent's Signature

Date

Address to Mail Permit to