

APPLICATION FOR SIGN

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

RECEIVED
SEP 21 2011

Office Use:
Application No. <u>11-0394</u>
Date <u>10/18/2011</u>
Fee Paid <u>\$50.00</u>
<u>9/22/11</u>

Bayfield Co. Zoning Dept.
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 CASIMIR A LOBESSKO Contractor SAF

Address 13325 SCENE DR Authorized Agent _____

ROW RIVER WISCONSIN 54847 Agent's Telephone _____

Telephone 815-629-8019 Written Authorization Attached: Yes () No ()

Zoning District: P-1

Accurate Legal Description involved in this request:
W 1/4 E 1/2 NE 1/4 OF NW 1/4 OF NW 1/4
1/4 of _____ 1/4 of Section 19 Township 46 N. Range 7 W. Town of DEZTRA

Gov't Lot _____ Lot _____ Block _____ Subdivision 04-06-2-16-2 CSM # _____
01-000-4000

Volume _____ Page _____ of Deeds Parcel I.D. # _____ ACREAGE 5.254-

Additional Legal Description: _____ ATTACH Copy of Tax Statement

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

Size of Sign: 2 Feet by 2 Feet Height of Sign: 3' Feet from grade to top of Sign

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

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

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 Number 11-0394 Permit Denied (Date) _____
Date 10/18/2011

Reason for Denial: _____
Inspection Record: PERMITS NOT CALIBRATED & LOCKED WITH THE BRACKETS OF THE SIGN

By DDC Date of Inspection 9-27-11

Variance (B.O.A.) # _____

Condition Rec'd for Issuance Signed [Signature] Date of Approval 9-27-11
Inspector _____

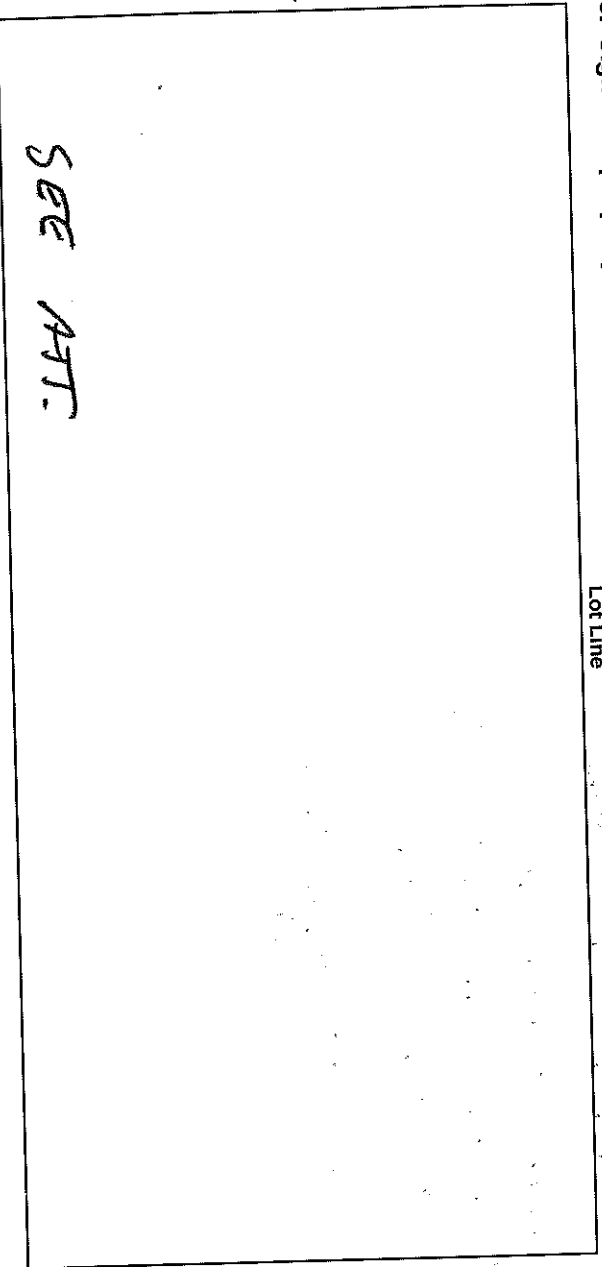
Secretarial Staff

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

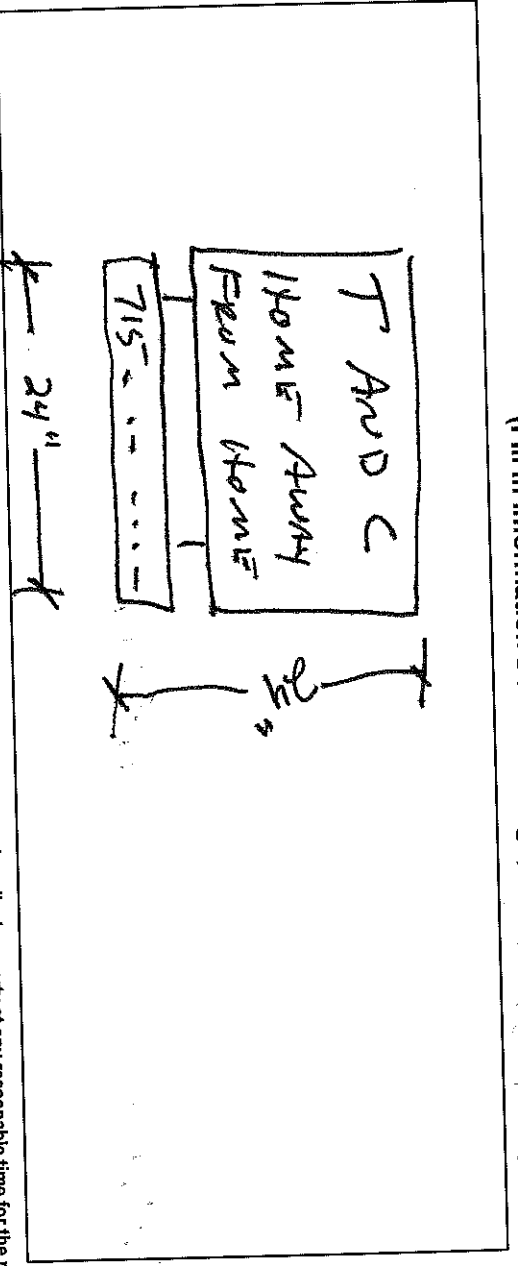
IMPORTANT
Detailed Plot Plan is Necessary

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 ()
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.

Sammi Kilde Applicant's/ Agent's Signature
26700 N Houston WILCOUDA IL 60084 Address to Mail Permit to
9/21/2011 Date