

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
NOV 12 2009

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

Office Use:
Application No. 09-0565
Date _____
Fee Paid \$50 11/3/09

Applicant Agriculture's Energy Resource Ctr Contractor Xtreme Sign
Address P.O. Box 69 State Farm Rd. Authorized Agent TODD POTTE, RICH CAULGNE
WISCONSIN WI 54806 Agent's Telephone _____

Telephone 715-977-0837 or 209-8037 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request: Zoning District: A6-1
NE 1/4 of NE 1/4 of Section 10 Township 47 N. Range S W. Town of EILEEN

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____
Volume 988 Page 581 of Deeds Parcel I.D. # 04-020-2-47-05-10-1 ACREAGE ± 220

Additional Legal Description: 01-000 - 30000 ATTACH Copy of Tax Statement

Sign: On-premise Off-premise Sign: New Replacement
Size of Sign: 4 Feet by 8 Feet Height of Sign: ~ 5' 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 _____
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: _____
Date 11/24/09 Permit Number 09-0565 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: New sign is going in the same location as the old sign from the Ag. Research Station. By Travis Tubowitzky Date of Inspection 11/16/2009
Appears to meet code requirements and County administrator signed application.
Variance (B.O.A.) # _____
Condition _____
Signed Travis Tubowitzky Date of Approval 11/24/2009
Inspector _____

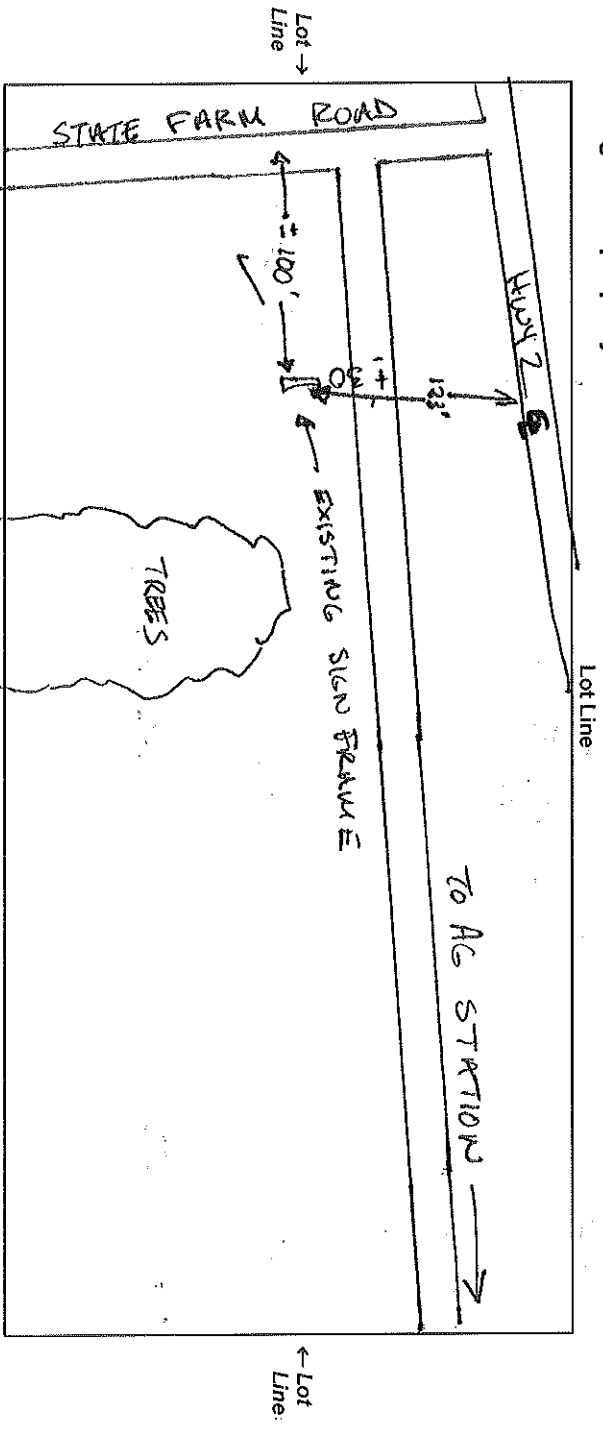
NOV 24 2009

Secretarial Staff

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 (State Farm Road)
 NOTICE: The local town, village, city, state or federal agencies may also require permits.
 Sign Plan
 (Fill in Information Desired on Sign)

SEE ATTACHMENT

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.


 Applicant's/ Agent's Signature

11/11/09
 Date

Address to Mail Permit to

Uniforms/October 2007

Robert Gure
 P.O. Box 69
 Ashland, WI 54806
 P.O. Box 69
 Ashland, WI 54806
 City Admin.