

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

APR 28 2010

Office Use:
Application No. 10-0116
Date _____
Fee Paid \$50 4/29/10
mg

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 Mark & Kelly Flick Contractor Bill Vienneau

Address 30475 Carlson Rd Authorized Agent _____
Ashland WI 54806 Agent's Telephone _____

Telephone 715-682-1000 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request: A-1/Class 3
NE 1/4 of NW 1/4 of Section 13 Township 47 N. Range 5 W. Town of Eileen

Gov't Lot _____ **Block** _____ **Subdivision** _____ **CSM #** _____
Volume 860 **Page** 289 **of Deeds** **Parcel I.D. #** 020-1031-05 **ACREAGE** 35
04-020-2-47-05-13-2 01-000-10000

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

Sign: On-premise Off-premise **Sign:** New Replacement
Size of Sign: 13 Feet by 30 inches **Height of Sign:** 4 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 _____ **Signed** Kelly Flick **Date** 4/28/10
Property Owner

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

For Office Use Only

Permit Issued: _____
Date 5/7/10 **Permit Number** 10-0116 **Permit Denied (Date)** _____

Reason for Denial: _____
Inspection Record: Replacing existing banner sign to advertise Bed & Breakfast. Approver's to meet code requirements per owner's representation. **By** Travis Tubowitz **Date of Inspection** 5/08/2010

Variance (B.O.A.) # _____
Condition _____

Signed Travis Tubowitz **Date of Approval** 5/04/2010
Inspector _____ **Rec'd for Issuance** _____

MAY 5, 2010

Secretarial Staff

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

2. Show the sign location

red dot

IMPORTANT

Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:

a. Sign from centerline of road(s). 40 FT

d. Sign from lake, river, stream or pond

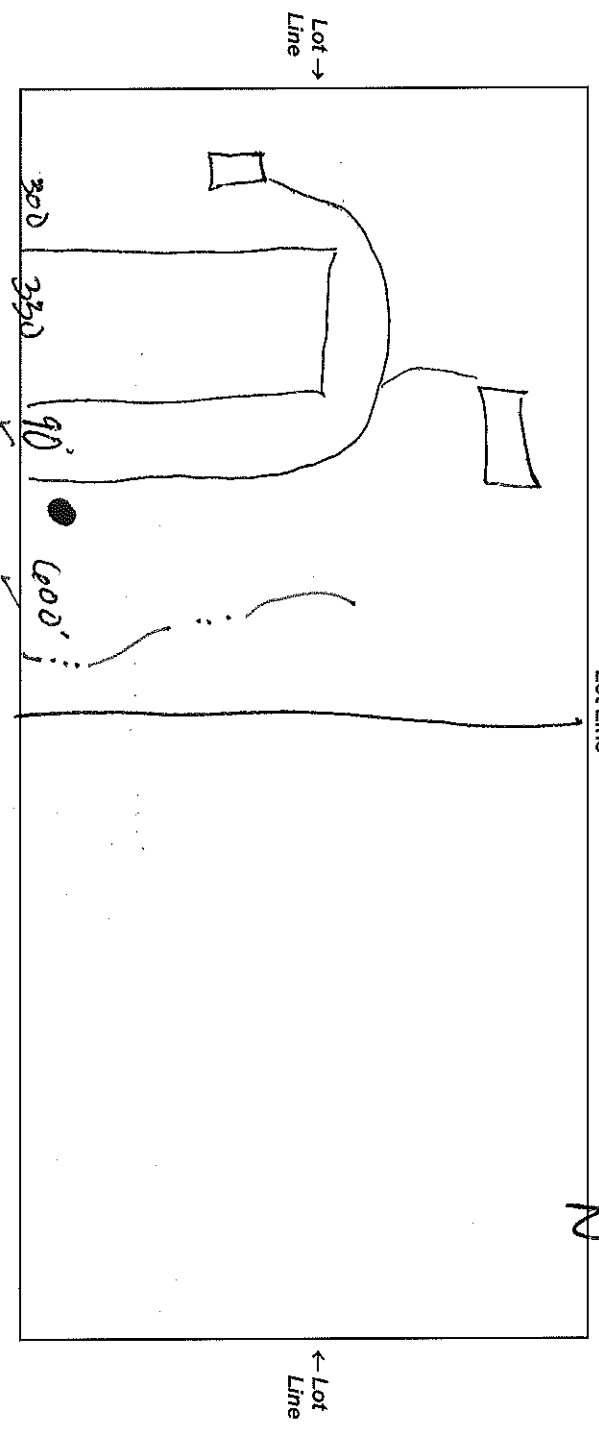
b. Sign from right-of-way line

e. Sign from other signs

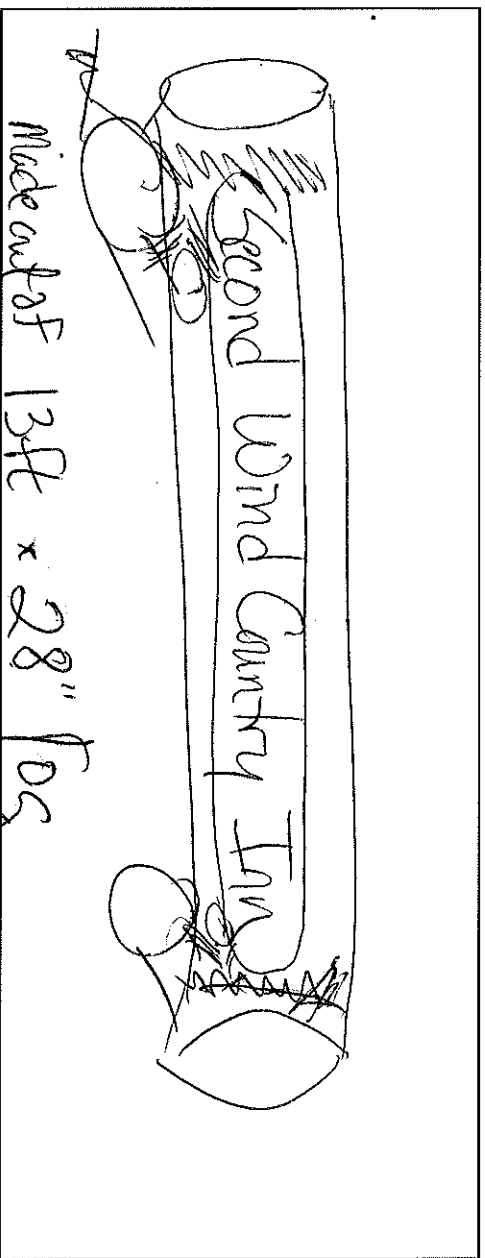
c. Sign from property lines

90 FT

E-W
S-N



Name Frontage Road (Jackson Rd)
 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.

Applicant's/Agent's Signature John M. [Signature] Date 4/28/09

Address to Mail Permit to