

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

Applicant Carol Carignan Contractor Self

Address 68290 main st Authorized Agent _____

Iron River WI 54880 56847 Agent's Telephone _____

Telephone 715-372-4413 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request: Commercial

1/4 of Section 7 Township 47 N. Range 8 W. Town of Iron River

Gov't Lot Lot 13 of Block 4 Subdivision ORIGINAL PLAT OF IRON RIVER CSM # _____

Volume _____ **Page** _____ **of Deeds** #024-1136-01-000 **ACREAGE** _____

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

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

Size of Sign: 2 SQ. FT. **Feet by** _____ **Feet** _____ **Height of Sign:** 7-20 **Feet from grade to top of Sign**

total 33 LETTERS
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 OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued: _____ **Permit Number** 09-0027 **Permit Denied (Date)** _____

Date 2/13/09 **By** DOL **Date of Inspection** 2-5-09

Reason for Denial: _____

Inspection Record: Sign configurations & size consistent w/ the sign ordinance (subject to change) on face of existing boundary
By DOL **Date of Inspection** 2-5-09

Variance (B.O.A.) # _____

Condition _____

Signed [Signature] **Inspector** _____ **Date of Approval Issuance** 2-5-09

16 SQ FT
PHONE # ADDITIONAL 14 SQ FT. **SIGN DOES NOT EXCEED HEIGHT OF 6 FT.**

FEB 13, 2009

Secretarial Staff

ENTERED

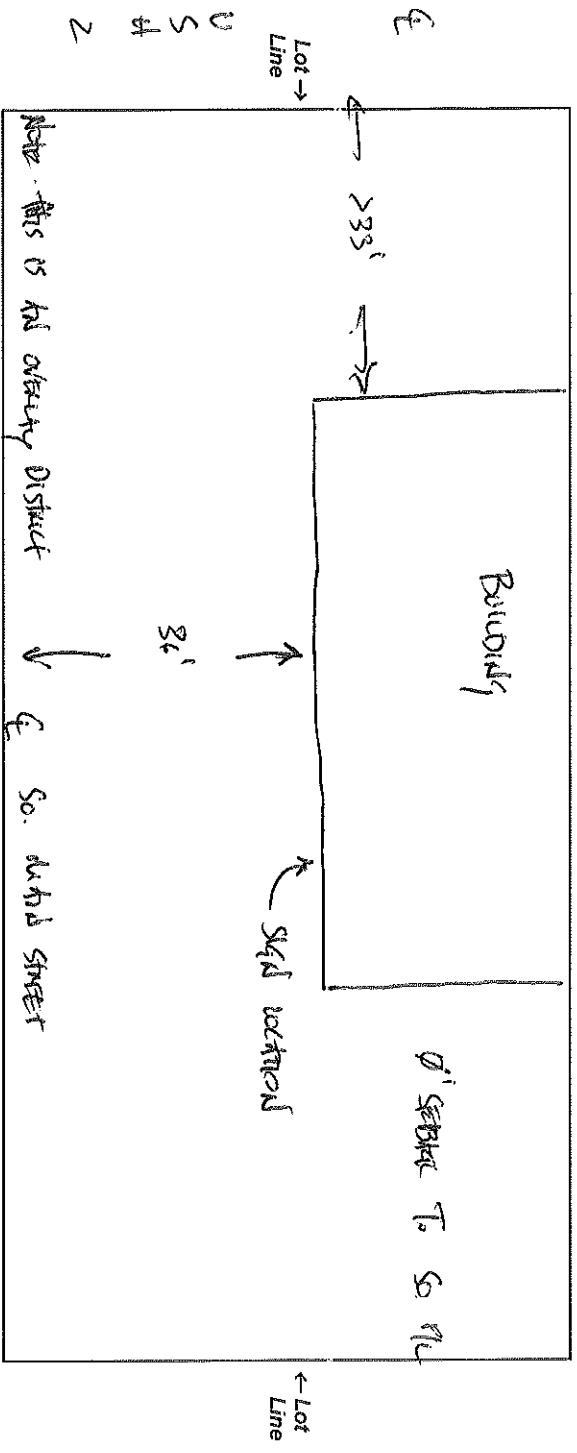
RECEIVED
FEB 05 2009
Bayfield Co. Zoning Dept.

Office Use:
Application No. 09-0027
Date _____
Fee Paid \$50.00 RDS
2/5/09

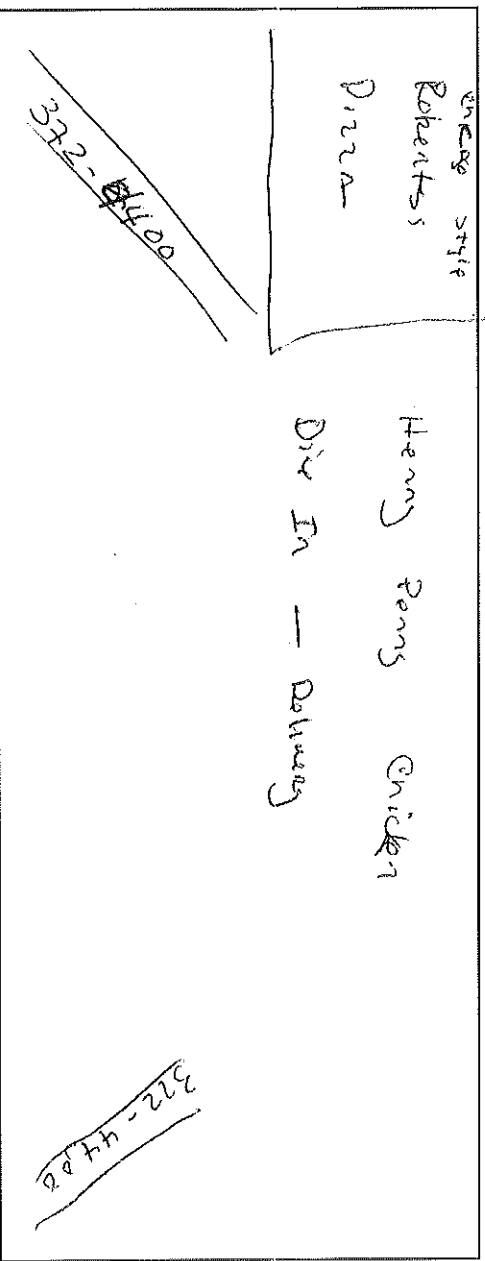
1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the sign location
3. Show dimensions in feet on the following:

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 (_____)
 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.

Carl Dean Applicant's/ Agent's Signature 11/29/09 Date

Address to Mail Permit to