

APPLICATION FOR SIGN

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

RECEIVED

OCT 19 2010

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: | ENTERED |
| Application No.: | 10-0436 |
| Date: | 10/21/10 |
| Fee Paid: | \$50.00 RDS |

Applicant Iron River Area Chamber of Commerce Contractor
Address 7515 US Hwy 2 P.O. Box 448 **Authorized Agent** Wanda M. Seo
Iron River, WI 54847 **Agent's Telephone** 715-372-8558
Telephone 715-372-8558 **Written Authorization Attached:** Yes () No ()

Accurate Legal Description involved in this request: COMMERCIAL
1/4 of 1/4 of Section 7 Township 47 N. Range 8 W. Town of Iron River **Zoning District:** _____
Gov't Lot Lot 18-15 Block 3 **Subdivision** Original Plat of Iron River **CSM #** _____
Volume _____ **Page** _____ **of Deeds** Parcel I.D. # 04-024-2-47-08-07-ACREAGE
04-00-198-04100

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

Sign: On-premise Off-premise **Sign:** _____ **New.** **Replacement**
Size of Sign: 4 Feet by 8 Feet **Height of Sign:** 10 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 OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

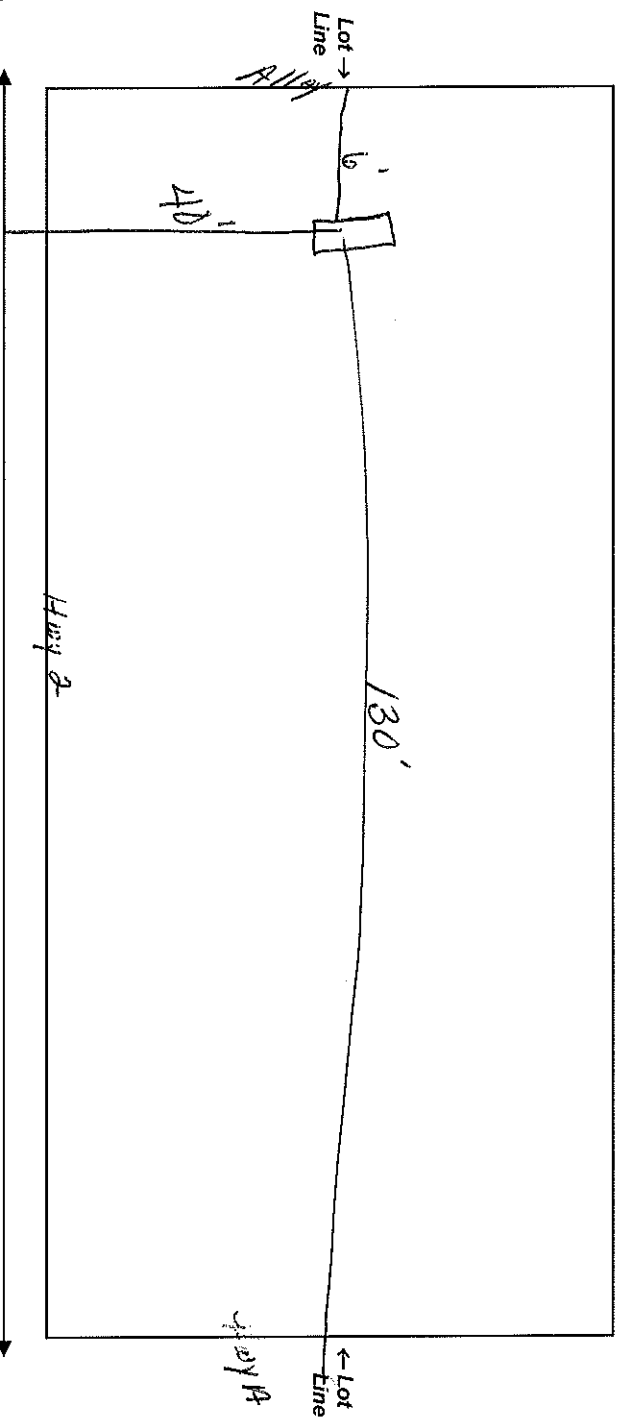
For Office Use Only

Permit Issued: _____
Date 10/22/10 **Permit Number** 10-0436 **Permit Denied (Date)** _____
Reason for Denial: _____
Inspection Record: Structural GRABBERS & DESIGN CONSULTANTS AS REPRESENTED BY THE COUNTY APPEARS TO BE CARE CONTRACT BY DNL **Date of Inspection** 10-19-10
Variance (B.O.A.) # _____
Condition _____
 Signed [Signature] **Inspector** [Signature] **Date of Approval** 10-19-10
10/22 2010

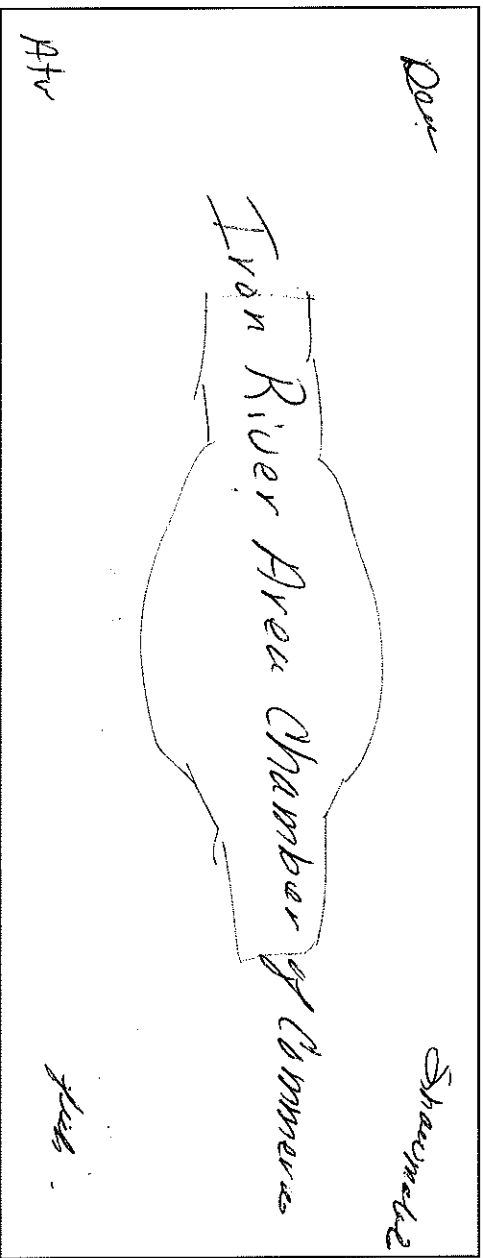
1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the sign location
3. Show dimensions in feet on the following:

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



Marked by DOC as 2-15-10 Name Frontage Road (U.S. Hwy 2)
 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 Wanda M. Lee Co-Director Date 10-19-10

Address to Mail Permit to