

APPLICATION FOR SIGN

RECEIVED
OCT 24 2012

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

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. <u>12-0443</u>
Date <u>11-6-12</u>
Fee Paid <u>\$50</u> <u>11-6-12</u>

ENTERED

Applicant Eric Dymesich - AGENT **Contractor** Eric Dymesich

Address 20146 Soderlund Rd **Authorized Agent** _____

Telephone 715-413-0114 **Agent's Telephone** _____

Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request: **Zoning District:** Residence-1

NE 1/4 of NE 1/4 of Section 25 Township 47 N. Range 7 W. Town of Keystone

Gov't Lot _____ **Lot** _____ **Block** _____ **Subdivision** _____ **CSM** _____

Volume _____ **Page** _____ **of Deeds** _____ **Parcel I.D. #** Q-028-241-07-25-1 of 000-10000 **ACREAGE** 40

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

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

Size of Sign: 8 Feet by 6 Feet **Height of Sign:** 9 Feet from grade to top of Sign

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

I, Eleanor Galik, owner of the above described property, do hereby give my authorization for Eric Dymesich to erect and maintain a sign on my property.

Rec'd for Issuance Signed Eleanor P. Galik **Date** 10/23/12

NOV 6 2012 PROPERTY TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

Secretary/Staff For Office Use Only

Permit Issued: _____ **Permit Number** 12-0443 **Permit Denied (Date)** _____

Date 11-6-12

Reason for Denial: _____

Inspection Record: Final = 100% Pass **Inspected and signed locations & size meters accurate**

Revisions & Permit map By DR **Date of Inspection** 10-21-12

Variance (B.O.A.) # _____

Condition The knowledge of this County Permit does not exempt the applicant from County Ord. 1201

Signed [Signature] **Inspector** [Signature] **Date of Approval** 11-5-12

Other APPLICABLE CITY & FEDERAL REGULATIONS

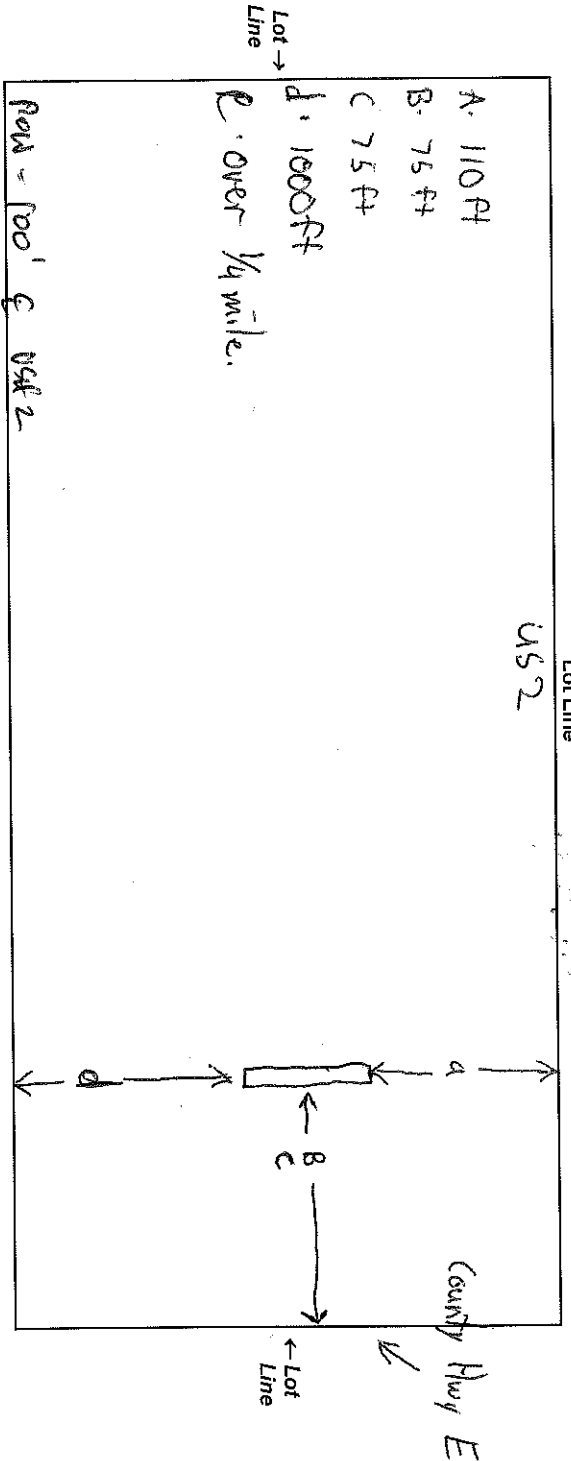
me and use frontage road as a guideline, and indicate North (N) on plot plan

Show the sign location

IMPORTANT
Detailed Plot Plan is Necessary

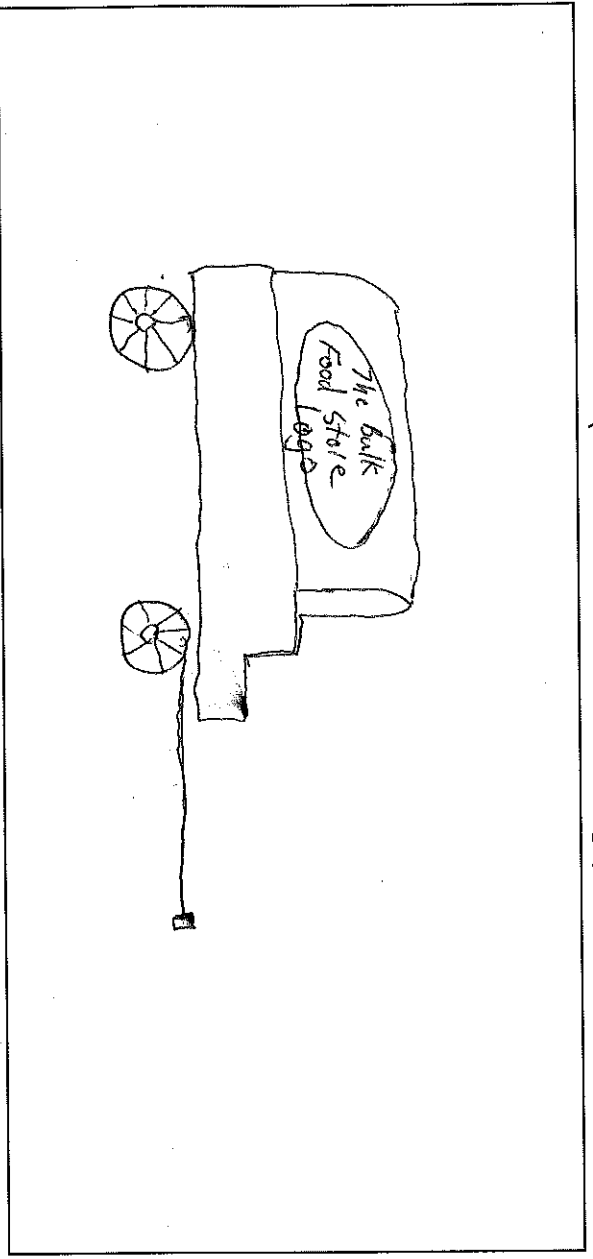
3. Show dimensions in feet on the following:

- 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



33' ± CTR ±

Name Frontage Road (US 2 or County E)
 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.

Eric Shuey
 Applicant's/ Agent's Signature

10/23/12
 Date