

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR SIGN
 BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)
 AUG 27 2014
 Bayfield Co. Zoning Dept.



Permit #:	14-0297
Date:	8-28-14
Amount Paid:	\$50 80714
Refund:	

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.

Property Owner(s) Name: <i>Wade Cheryl Obregon</i>	Mailing Address: <i>PO Box 328 2220 City Hwy E</i>	City/State/Zip: <i>Conroy WI 54827</i>	Phone: <i>715-742-3941</i>
Sign Owner(s) Name: <i>Wade Cheryl Obregon</i>	Mailing Address: <i>PO Box 328</i>	City/State/Zip: <i>Conroy WI 54827</i>	Phone: <i>742 3941</i>
Address of Property: <i>2220 City Hwy E</i>	City/State/Zip: <i>Conroy WI 54827</i>		
Contractor: <i>N/A</i>	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <i>N/A</i>	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04- <i>010251 0634 205003</i> <i>See Attached 16000</i>	Recorded Document: (i.e. Property Ownership) Volume <i>939</i> Page(s) <i>272</i>
<i>1/4, 1/4</i>	Gov't Lot	Lot(s)	CSM
			Vol & Page
		Lot(s) No.	Block(s) No.
Section <i>S34</i> , Township <i>Bell</i> N, Range <i>06</i> W	Town of: <i>Bell</i>		Subdivision: <i>650</i>
		Lot Size <i>650</i>	Acreage <i>648</i>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion <small>* include donated time & material</small>	Project <small>(What are you applying for)</small>	Type	Length	Width	Height	Located in Town of Bayfield
\$ <i>1000</i>	<input checked="" type="checkbox"/> On-Premise	<input type="checkbox"/> New	<input type="checkbox"/> 1-Sided			<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided			<input checked="" type="checkbox"/> No
	<input type="checkbox"/>	Existing	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>		<input type="checkbox"/> Multi-Tenant			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. 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.

Owner(s): *Cheryl Obregon Wade Obregon* Date *8/28/14*
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Applicant(s): _____ Date *8/28/14*
(If you are applying for an Off-premise sign; the property owners must also sign this form)

Authorized Agent: _____ Date *8/28/14*
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit
 Rec'd for Issuance
 AUG 28 2014
 Secretarial Staff

PO Box 328 Conroy WI 54827

Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

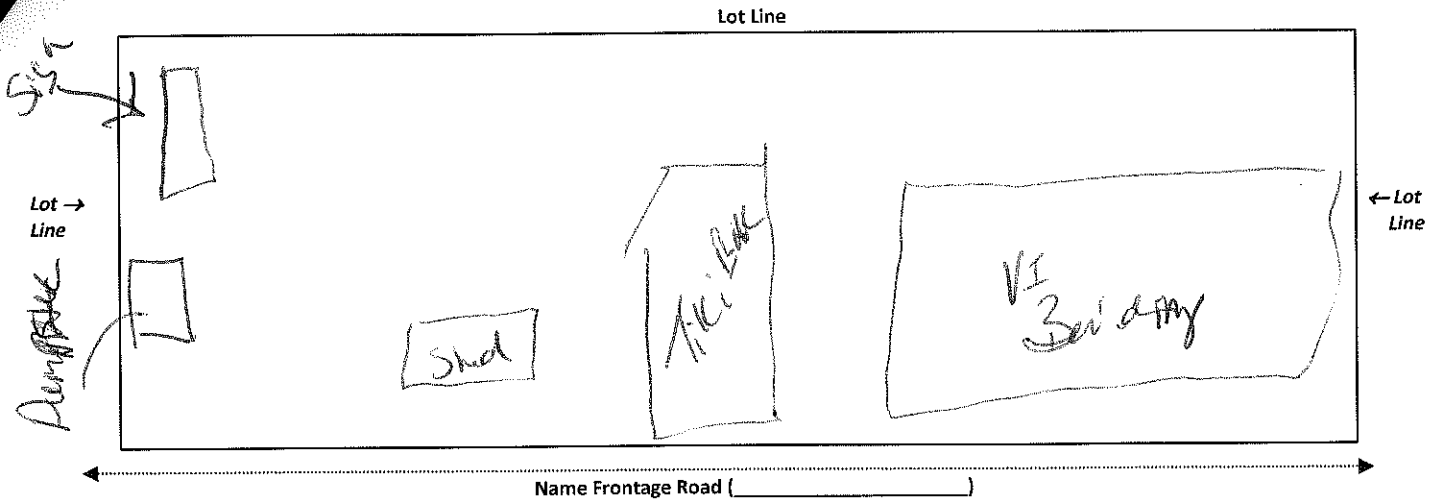
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 The local Town, Village, City, State or Federal agencies may also require permits.

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

Show the sign location

3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary



Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the North Lot Line	Feet
Setback from the Established Right-of-Way	Feet	Setback from the South Lot Line	Feet
		Setback from the West Lot Line	Feet
Setback from Lake, River, Stream or Pond	N/A Feet	Setback from the East Lot Line	Feet
Setback from Other Sign(s)	N/A Feet		

Sign Plan
(Fill in Information Desired on Sign)

You just missed
The Village Inn
Blah Blah Blah
hours

Issuance Information (County Use Only)		Permit Number: 14-0297	Permit Date: 8-28-14
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____
Inspection Record:		Zoning District (C) Lakes Classification (-)	
Date of Inspection: 8/27/14	Inspected by: Robert Schieman	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Must be at least 3 Feet From Right of Way. (three)			
Signature of Inspector: [Signature]			Date of Approval: 8/27/14

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 AUG 27 2014
 Bayfield Co. Zoning Dept.

Permit #: 14-0298
 ENTERED Date: 8-28-14
 Amount Paid: \$125 8-27-14
 Refund:

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.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Wade Cheryl Bergen Mailing Address: PO Box 328 City/State/Zip: Conception WI 54827 Telephone: 715-742-3941

Address of Property: 22276 Cnty Hwy E City/State/Zip: Conception WI 54827 Contractor Phone: 608-628-0240 Cell Phone: 608-628-0240

Contractor: N/A Plumber: N/A Agent Phone: N/A Agent Mailing Address (include City/State/Zip): N/A Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A

PROJECT LOCATION Lot 2339465144 PIN: (23 digits) 09 010 251 66 34 2 05 Recorded Document: (i.e. Property Ownership) 939 Page(s) 272

1/4 1/4 Gov't Lot 2 Lot(s) 2 CSM 651 Vol & Page 4321 Lot(s) No. 534 Block(s) No. 151H Subdivision: _____

Section 394, Township 31N, N. Range DE W W TOWN OF: Bell Lot Size .650 Acreage 0.498

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue → Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Distance Structure Is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure Is from Shoreline: _____ feet Are Wetlands Present? Yes No

Non Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>1,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1 Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City Well
	<input checked="" type="checkbox"/> Existing Structure: (if permit being applied for is relevant to it)		Length: <u>20</u>	Width: <u>40</u>	Height: _____	
	<input type="checkbox"/> Proposed Construction:		Length: _____	Width: _____	Height: _____	

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date) _____	(X)	
	Addition/Alteration (specify) _____	(X)	
	Accessory Building (specify) _____	(X)	
	Accessory Building Addition/Alteration (specify) _____	(X)	
	Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)	
	Other: (explain) <u>Tent Seasonal Tent</u>	(<u>20 x 40</u>)	<u>800</u>

Rec'd for Issuance AUG 28 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. 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.

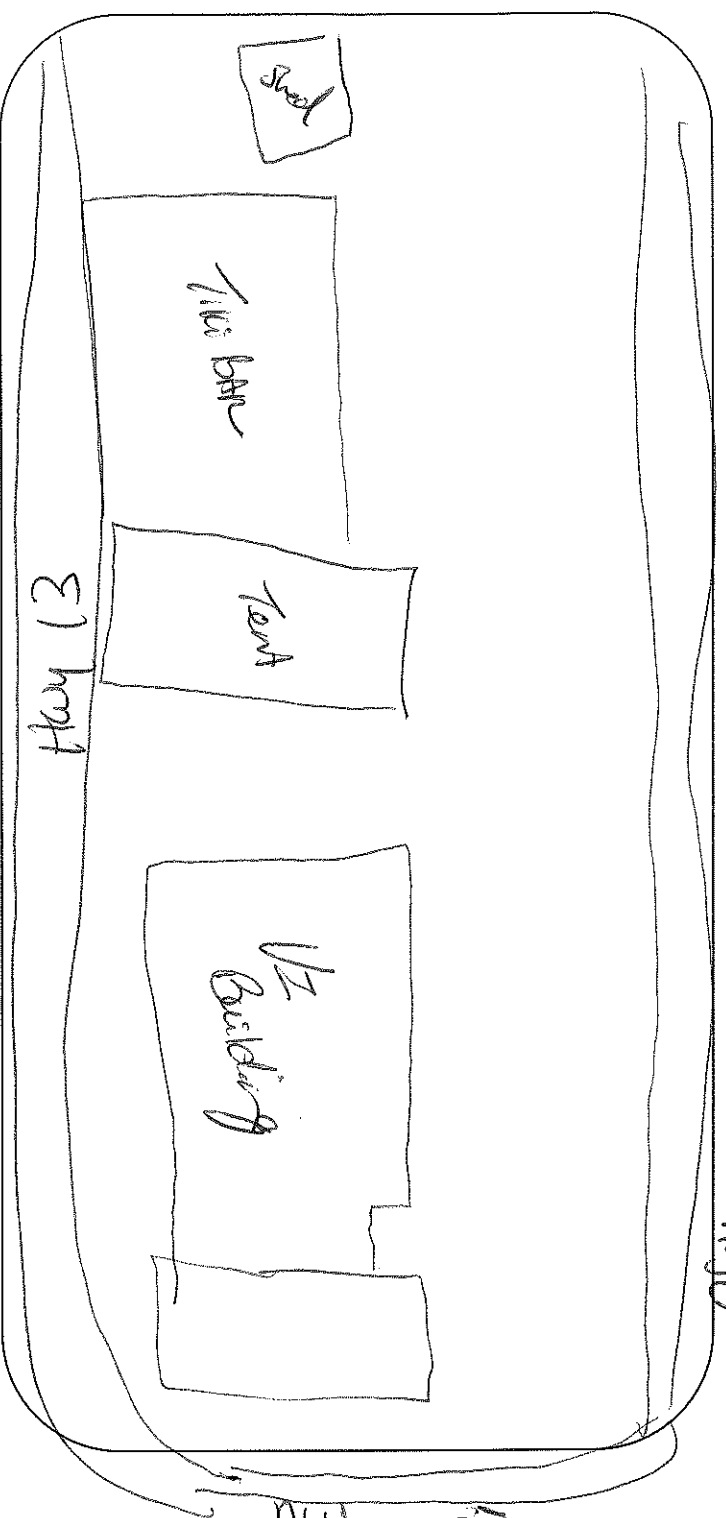
Owner(s): Cheryl Bergen - Wade Date 8/27/14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 328 Conception WI 54827 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

See below **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road 120'	400 75'	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	36'	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	13'	Setback from the Bank or Bluff	
Setback from the South Lot Line	Co Hwy C	Setback from Wetland	
Setback from the West Lot Line	210'	20% Slope Area on property	N/A
Setback from the East Lot Line	157'	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	N/A
Setback to Drain Field			
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.


Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-8898	Permit Date: 8-28-14			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:				
Date of Inspection: 8/27/14	Inspected by: Robert Schimm	Zoning District: (C)	Lakes Classification: (-)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector:				Date of Approval: 8/27/14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>