

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 20 2014
 Bayfield Co. Zoning Dept.



Permit #:	14-0290
Date:	8-26-14
Amount Paid:	\$50 8-21-14
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.

Property Owner(s) Name: TOWN OF EILEEN	Mailing Address: 29130 Hwy. 137	City/State/Zip: Ashland, WI, 54806	Phone: 715-682-5070
Sign Owner(s) Name: SAME as above	Mailing Address:	City/State/Zip:	Phone:
Address of Property:	City/State/Zip:		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) George Setzke, Twn. Bd. Member	Agent Phone: 715-682-5767	Agent Mailing Address (include City/State/Zip): 64495 setzke Rd. Ashland, WI 54806	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-	Recorded Document: (i.e. Property Ownership) Volume 754 Page(s) 421
NW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM
			Vol & Page
			Lot(s) No.
			Block(s) No.
Section 11 , Township 47 N, Range 5 W		Town of: EILEEN	Lot Size
			Acreage 5.98

<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 checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" 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 (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
DON'T KNOW	<input checked="" type="checkbox"/> On-Premise	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided	See Diagram Pg. 2		<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided			<input checked="" type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>	<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): _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

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

Date _____

Authorized Agent: **George Setzke Supervisor TOWN OF EILEEN**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date **20 July 2014**

Address to send permit **TOWN OF EILEEN, 29130 Hwy 137, Ashland WI, 54806**

Attach
 Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Rec'd for Issuance
AUG 26 2014
 Secretarial Staff

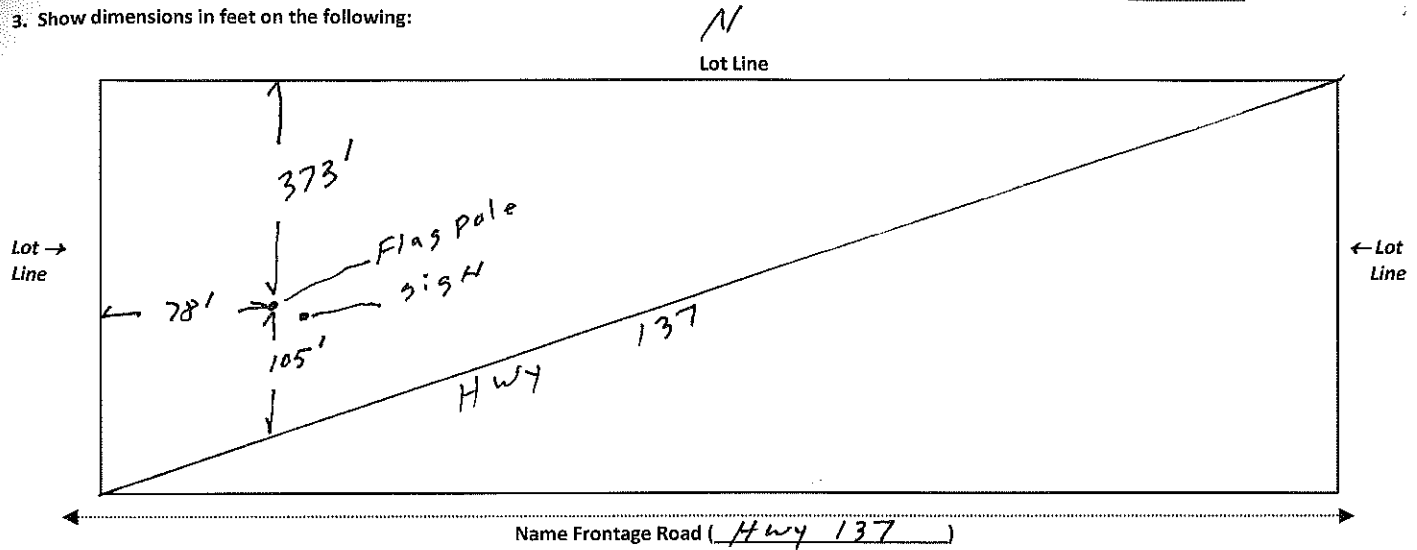
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 The local Town, Village, City, State or Federal agencies may also require permits.

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:

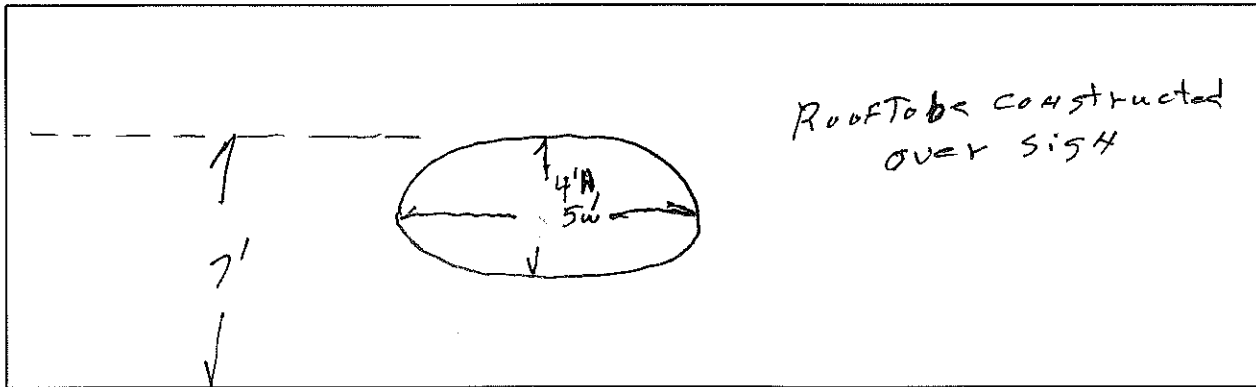
IMPORTANT
Detailed Plot Plan is Necessary



Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	105 Feet	Setback from the North Lot Line	373 Feet
Setback from the Established Right-of-Way	Feet	Setback from the South Lot Line	Feet
Setback from Lake, River, Stream or Pond	Feet	Setback from the West Lot Line	78 Feet
Setback from Other Sign(s)	Feet	Setback from the East Lot Line	Feet

Sign Plan
(Fill in Information Desired on Sign)



Issuance Information (County Use Only)		Permit Number: 14-0290	Permit Date: 8-26-14
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District	(A-1)
Date of Inspection: 8-25-14		Inspected by: J. CROMBIE - MURPHY	Lakes Classification (NA)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Date of Re-Inspection:	
Signature of Inspector:		Date of Approval: 8-25-14	