

APPLICATION FOR SIGN

RECEIVED
JUL 13 2015
Bayfield Co. Zoning Dept.

Office Use:
Application No. 15-0240
Date 7-15-15
Fee Paid \$50
7-15-15

Bayfield County Planning and 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 The Oaks Church c/o Salem Baptist Church - Ashland Contractor _____
Address 14695 COUNTY N (MAILING: PO BOX 97) DRUMMOND WI 54832 Authorized Agent CHAD WEBER - PASTOR
DRUMMOND, WI 54832 Agent's Telephone 715-413-0002
Telephone 715-739-6344 Written Authorization Attached: Yes No ()

Accurate Legal Description involved in this request: Zoning District: _____
____ 1/4 of ____ 1/4 of Section 32 Township 45 N. Range 7 W. Town of Drummond
Gov't Lot ____ Lot 1 Block ____ Subdivision _____ CSM # 1748
Volume ____ Page ____ of Deeds Parcel I.D. # TAX ID# 36219 ACREAGE _____

Additional Legal Description: _____ ATTACH Copy of Tax Statement
Sign: On-premise Off-premise Sign: New Replacement
Size of Sign: 4 Feet by 11 Feet Height of Sign: 5 1/2 Feet from grade to top of Sign
WITH BASE -> 5 1/2 feet by 11 feet 8 inches

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 or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued:
Date 7-15-15 Permit Number 15-0240 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: 7/14/15 - Sign location is staked
By J Rowley Date of Inspection 7/14/15
Variance (B.O.A.) # _____

Condition for Issuance
JUL 15 2015
Secretarial Staff
Signed J Rowley Inspector Date of Approval 7/14/15

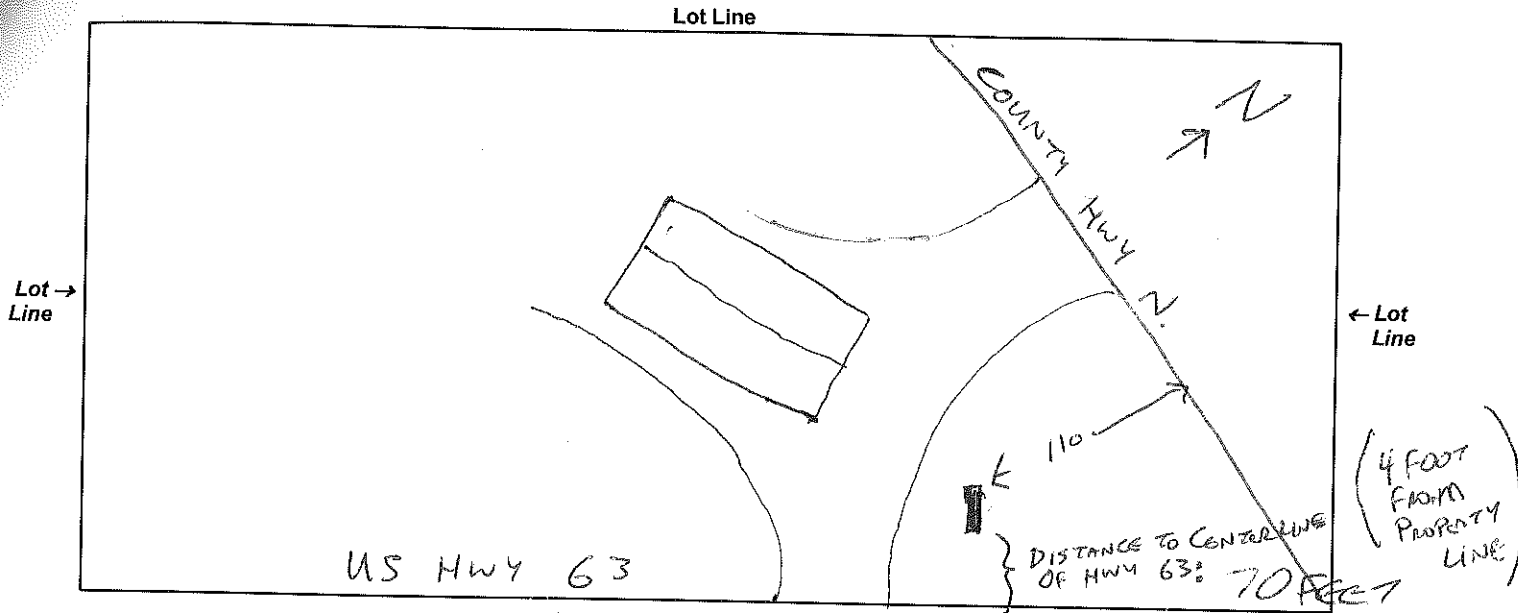
and use frontage road as a guideline, and indicate North (N) on plot plan

show the sign location

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 *N/A*
- e. Sign from other signs *N/A*

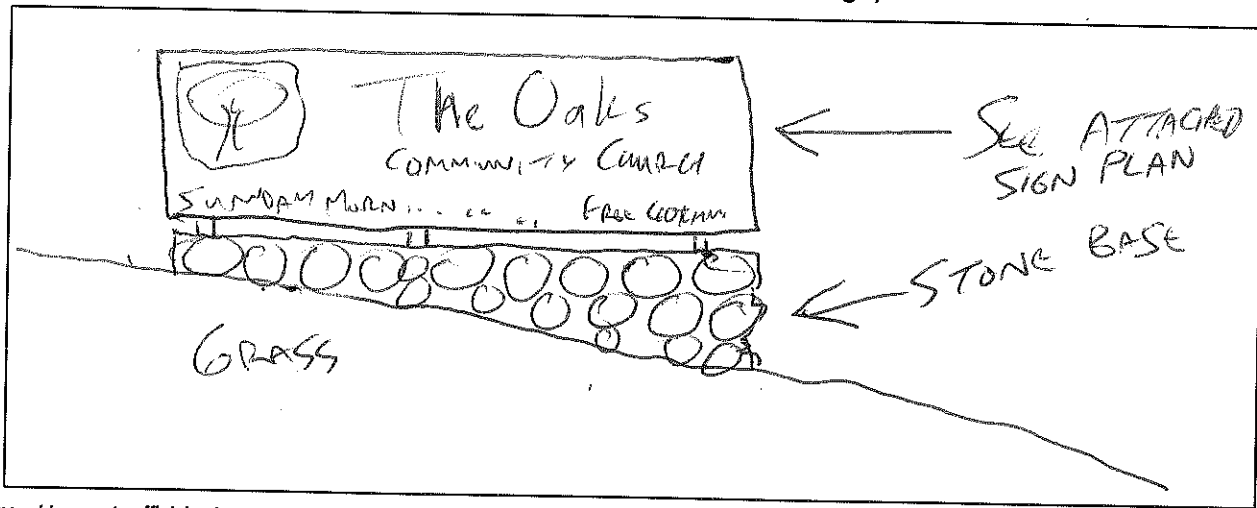
IMPORTANT
Detailed Plot Plan is Necessary



Name Frontage Road (US HWY 63)

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.

[Signature]
Applicant's/ Agent's Signature

7/13/15
Date

Address to Mail Permit to

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
 RECEIVED
 Date Stamp (Required)
 MAY 12 2015
 Bayfield Co. Zoning Dept.

Permit #:	15-0849
Date:	7-16-15
Amount Paid:	\$284.57
Refund:	51445

#284.57

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: **Edward A Dumont** Mailing Address: **17605 Woodmont Dr Cable WI 54811** Telephone: _____
 Address of Property: **50730 U.S. Hwy 62** City/State/Zip: _____ Call Phone: **715-558-2207**
 Contractor: **Midland Survey / Keller Trust Est.** Contractor Phone: _____ Plumber: **N/A** Plumber Phone: **N/A**
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Randy Kruger Midland Survey Inc** Agent Phone: **715-209-2276** Agent Mailing Address (include City/State/Zip): **PO Box 500 Abbe WI 5481** Written Authorization Attached Yes No
 PROJECT LOCATION: **Sw 1/4, NW 1/4** Legal Description: (Use Tax Statement) **04-018-2-44-07-08-2 03-600-20000** P/LN: (23 digits) **04-018-2-44-07-08-2 03-600-20000** Recorded Document: (i.e. Property Ownership) **Volume 1466 Page(s) 2622** Subdivision: _____
 Section **8**, Township **44** N, Range **7** W Town of: **Drummond** Lot Size _____ Acreage **2+-**

Shoreland Wetland Non-Shoreland

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/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 Are Wetlands Present? Yes No

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
\$113,928	<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 type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <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 checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Foundation <input checked="" type="checkbox"/> Pole/pillar					

Existing Structure: (if permit being applied for is relevant to it) Length: **60** Width: **30** Height: _____
 Proposed Construction: Length: **60** Width: **10** Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X)	
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	(X) (X) (X) (X) (X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain) Conditional Use: (explain) 30,000-1 Proposa Storage tank Other: (explain)	(X) (10 X 60) (X)	600

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.

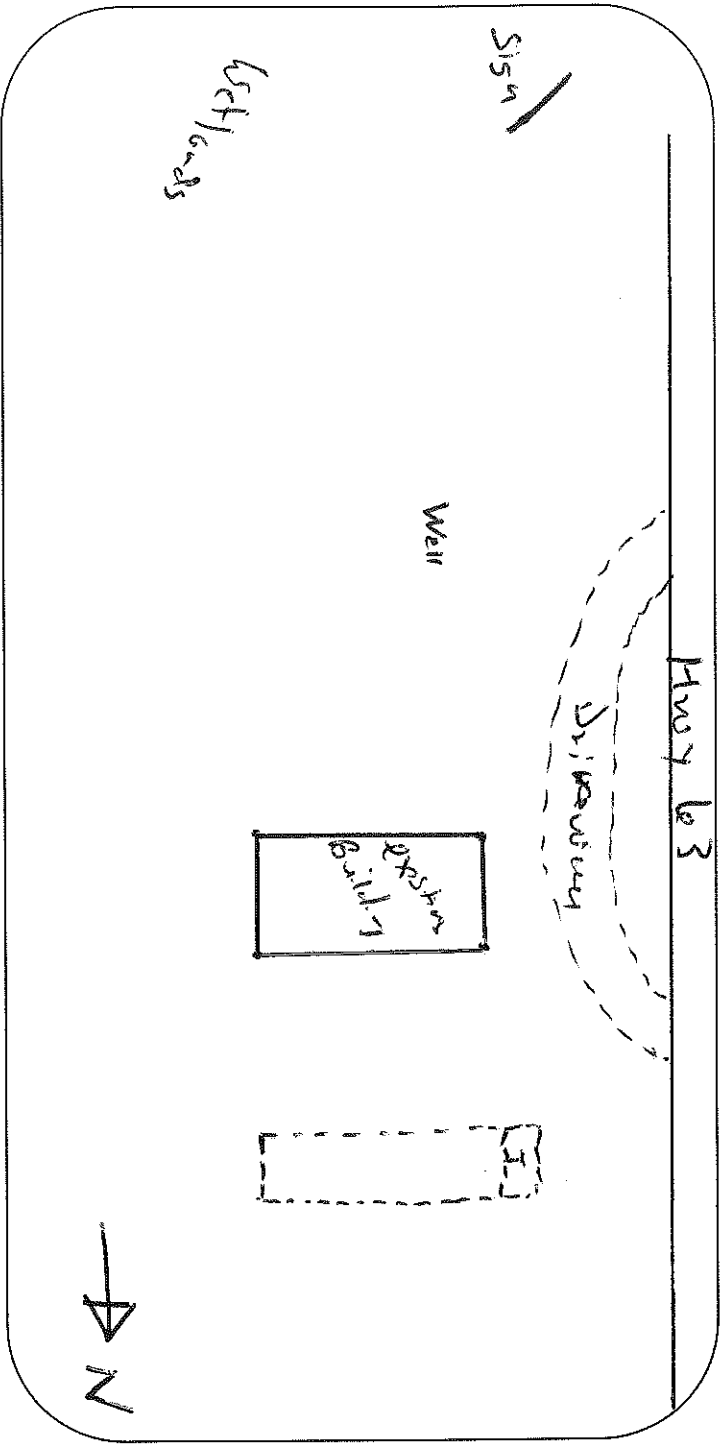
Owner(s): Edward A Dumont Date 5-2-15
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Randy Kruger Date 5-7-15
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit _____
 Attach Copy of Tax Statement _____
 If you recently purchased the property send your Recorded Deed _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	165 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	168 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	258 Feet	Setback from Wetland	80 feet Feet
Setback from the West Lot Line	55 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	83 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	? Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

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 #: 150049	Permit Date: 7-16-15			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:				
Date of Inspection: 7/16/15	Inspected by: [Signature]		Zoning District: ()	Date of Re-Inspection: ()
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Must meet all setback requirements				
Signature of Inspector: [Signature]			Date: [Signature]	
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"/>