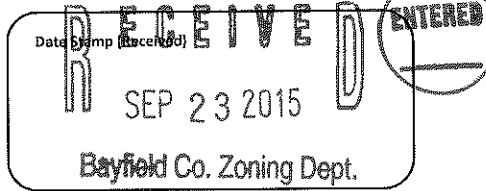


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR SIGN
 BAYFIELD COUNTY, WISCONSIN**



Permit #:	15-0400
Date:	10-28-15
Amount Paid:	\$ 50 10-28-15
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>Telemark Pointe Condominium Assoc</i>	Mailing Address: <i>P.O. Box 609</i>	City/State/Zip: <i>Cable, WI 54821</i>	Phone: <i>715-798-3999</i>
Sign Owner(s) Name: <i>Telemark Interval Owners Association</i>	Mailing Address: <i>P.O. Box 609</i>	City/State/Zip: <i>Cable, WI 54821</i>	Phone: <i>715-798-3999</i>
Address of Property: <i>43155 Telemark Pointe Road</i>	City/State/Zip: <i>Cable, WI 54821</i>		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <i>Col Rabska POA - TIOA</i>	Agent Phone: <i>715-798-3999</i>	Agent Mailing Address (include City/State/Zip): <i>P.O. Box 609, Cable, WI 54821</i>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) <i>04-034-2-43-06-13-4-00-644-5000</i>	Recorded Document: (i.e. Property Ownership) Volume <i>1081</i> Page(s) <i>725</i>
<i>SW 1/4, SE 1/4</i>	Gov't Lot <i>3</i>	Lot(s)	CSM
			Vol & Page <i>1081 P 725</i>
			Lot(s) No.
			Block(s) No.
Section <i>13</i> , Township <i>43</i> N, Range <i>06</i> W	Town of: <i>Namakagon</i>	Lot Size	Acreage <i>14.400</i>

<input checked="" 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 checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : <i>467'</i> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion <small>* includes donated time & material</small>	Project <small>(What are you applying for)</small>	Type	Length	Width	Height	Located in Town of Bayfield
\$ <i>700.00</i>	<input checked="" type="checkbox"/> On-Premise	<input type="checkbox"/> New	<i>1-Sided</i>	<i>11'</i>	<i>4' 3/4</i>	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/> Off-Premise	<input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided		<i>8'</i>	<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): _____ Date _____
 (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 _____
 (If you are applying for an Off-premise sign, the property owners must also sign this form)

Authorized Agent: *Col Rabska POA - TIOA* Date *9-16-2015*
 (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

Rec'd for Issuance
OCT 28 2015
 Secretarial Staff

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

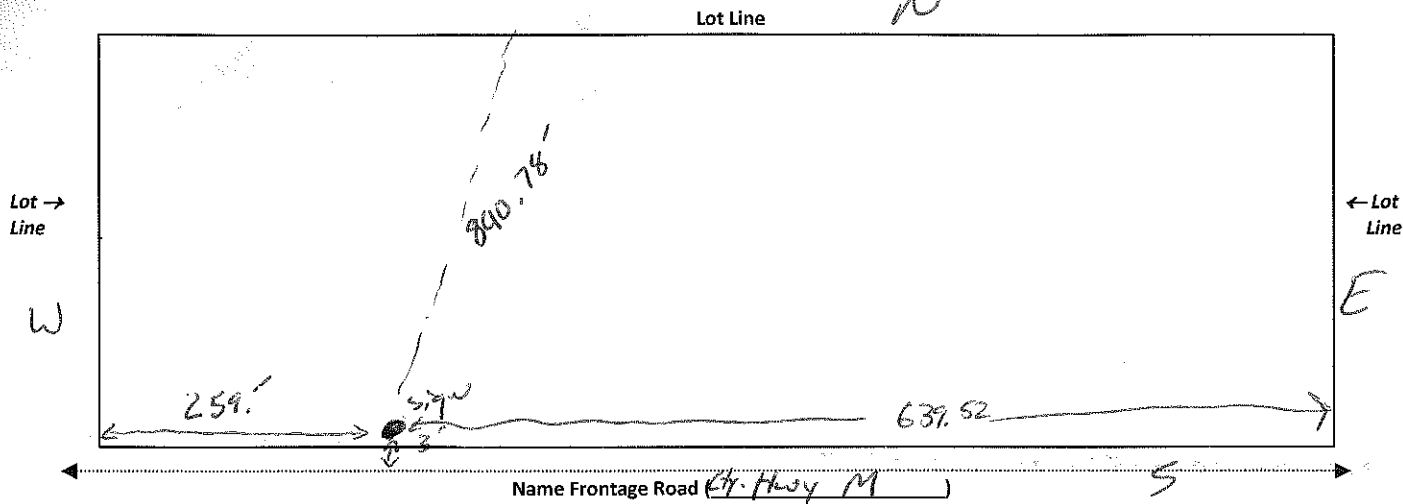
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 The local Town, Village, City, State or Federal agencies may also require permits.

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	43 Feet	Setback from the North Lot Line	3 Feet
Setback from the Established Right-of-Way	3 Feet	Setback from the South Lot Line	890.78 Feet
Setback from Lake, River, Stream or Pond	469 Feet	Setback from the West Lot Line	259 Feet
Setback from Other Sign(s)	NA	Setback from the East Lot Line	639.52 Feet

Sign Plan

(Fill in Information Desired on Sign)

see Attached.

Issuance Information (County Use Only)	Permit Number: 15-0400	Permit Date: 10-28-15
Permit Denied (Date):	Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: OK	Date of Inspection: 9-24-15	Inspected by: [Signature]
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)	Must meet setback requirements and comply w/ Article E - Signs	
Signature of Inspector: [Signature]	Date of Approval: 10-28-15	