

APPLICATION FOR SIGN

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

RECEIVED
MAY 10 2011

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. 11-0187
Date 6-28-11
Fee Paid \$50.00 PDS
5/10/11
\$75.00 PDS 6/25/11



Applicant BAYFIELD APPLE COMPANY Contractor Self

Address 87540 COUNTY HIGHWAY J BAYFIELD, WI 54814-4400 Authorized Agent _____

Telephone 715-779-5700 Agent's Telephone _____

Written Authorization Attached: Yes () No ()

Zoning District: A-1

Accurate Legal Description involved in this request: SE 1/4 of NW 1/4 of Section 2 Township 50 N. Range 4 W. Town of TOWN OF BAYFIELD

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

Volume 1026 Page 385 of Deeds Parcel I.D. # 0110002500102040001000 ACREAGE _____

Additional Legal Description: _____ ATTACH Copy of Tax Statement

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

Size of Sign: 7 Feet by 7 Feet Height of Sign: 10 Feet from grade to top of Sign

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: _____ Permit Number 11-0187 Permit Denied (Date) _____
Date 6-28-11

Reason for Denial: _____
Inspection Record: OWNER'S REPRESENTATIVE PERMIT CIVIL LOCAL MEETS SETBACKS + HEIGHT FEARS
Permit may be issued per this owner's approval By DR Date of Inspection 5/12/11

Variance (B.O.A.) # _____ Rec'd for Issuance JUN 28 2011

Condition _____ Signed [Signature] Inspector _____ Date of Approval _____
5-12 Secretarial Staff

THIS FOR EINS + TRM
DATE ARE EXISTING CO. PROPOSER SCS

Bayfield Apple Co. Permit

