

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
JUN 23 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. <u>11-0031</u>
Date <u>7/21/2011</u>
Fee Paid <u>\$50.00</u> <u>7/18/11</u>
<u>RDS</u>

Applicant Bayfield Winery **Contractor** _____

Address 35096 Cty Hwy I **Authorized Agent** Renate Hauser

Bayfield, WI 54814 **Agent's Telephone** 913.660.3471

Telephone 715.779.0121 / 800.314.1834 **Written Authorization Attached:** Yes () No ()

Accurate Legal Description involved in this request: **Zoning District:** At w/ special use permit

S&P 1/4 of S&P 1/4 of Section 11 Township 50 N. Range 4 W. Town of Bayfield

Gov't Lot 1 **Block** _____ **Subdivision** OP-2006-250-AP-11-3 03-000-46000 **CSM #** 1418

Volume 8 **Page** 302 **of Deeds** **Parcel I.D. #** _____ **ACREAGE** 4.510

Additional Legal Description: _____ **ATTACH** **Copy of**
Tax Statement

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

Size of Sign: 4 **Feet by** 4 **Feet** **Height of Sign:** 7 **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 _____ Signed _____ Date _____
to erect and maintain a sign on my property.

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 7/21/2011 **Permit Number** 11-0031 **Permit Denied (Date)** _____

Reason for Denial: _____
Inspection Record: Inspection 3 workers & workers of sign for address perpendiculars meet available specifications

Requesting By DR **By** DR **Date of Inspection** 7/15/11

Variance (B.O.A.) # _____

Condition Record for Issuance

JUL 21 2011

Signed _____
Inspector

7/25/11
Date of Approval

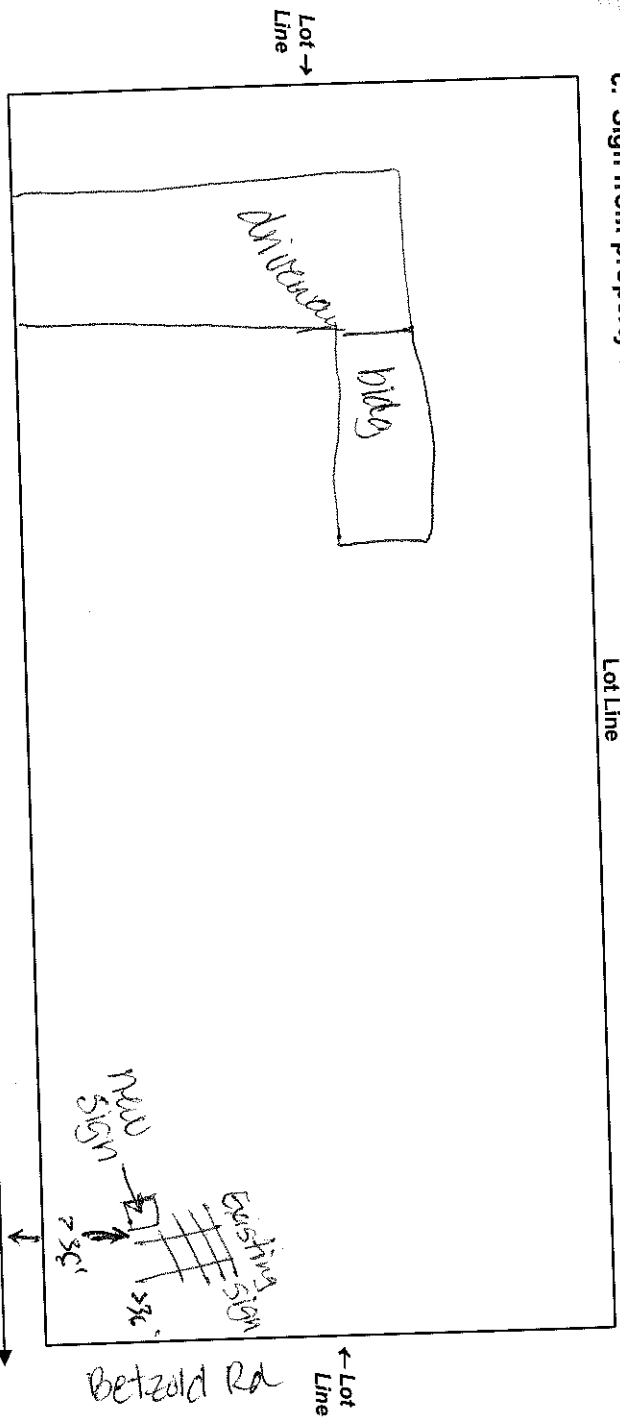
Secretarial Staff

line and use frontage road as a guideline, and indicate North (N) on plot plan
show the sign location

IMPORTANT
Detailed Plot Plan is Necessary

3. 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
- e. Sign from other signs



Name Frontage Road (City Hwy E)
NOTICE: The local town, village, city, state or federal agencies may also require permits.
Sign Plan
(Fill in Information Desired on Sign)

See attached

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.

Ronald Thauer
Applicant's/ Agent's Signature
5-24-11
Date

Address to Mail Permit to