

APPLICATION FOR SIGN

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

RECEIVED
MAY 12 2008

\$50

Office Use:
Application No. <u>08-0148</u>
Date
Fee Paid \$ <u>50.00</u> <u>RDS</u>
<u>5/13/08</u>

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 Shirley Deerman Contractor self
Address 43465 US Hwy 63 Authorized Agent
Cable, WI 54821 Agent's Telephone

Telephone 798-3003 Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request: Zoning District: C
1/4 of 1/4 of Section 18 Township 43 N. Range 7 W. Town of Cable
Gov't Lot 445 Lot 2 Block D Subdivision Assessors Plat #1 CSM # 1432
Volume 950 Page 827 of Deeds Parcel I.D. # 012-1164-01 ACREAGE .16 V.8, P.332

Additional Legal Description: _____ ATTACH Copy of Tax Statement

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

Size of Sign: 5' Feet by 10' 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, Shirley Deerman, owner of the above described property, do hereby give my authorization for Shirley Deerman to erect and maintain a sign on my property. xSigned Shirley Deerman Date 5-08-08

Property Owner
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

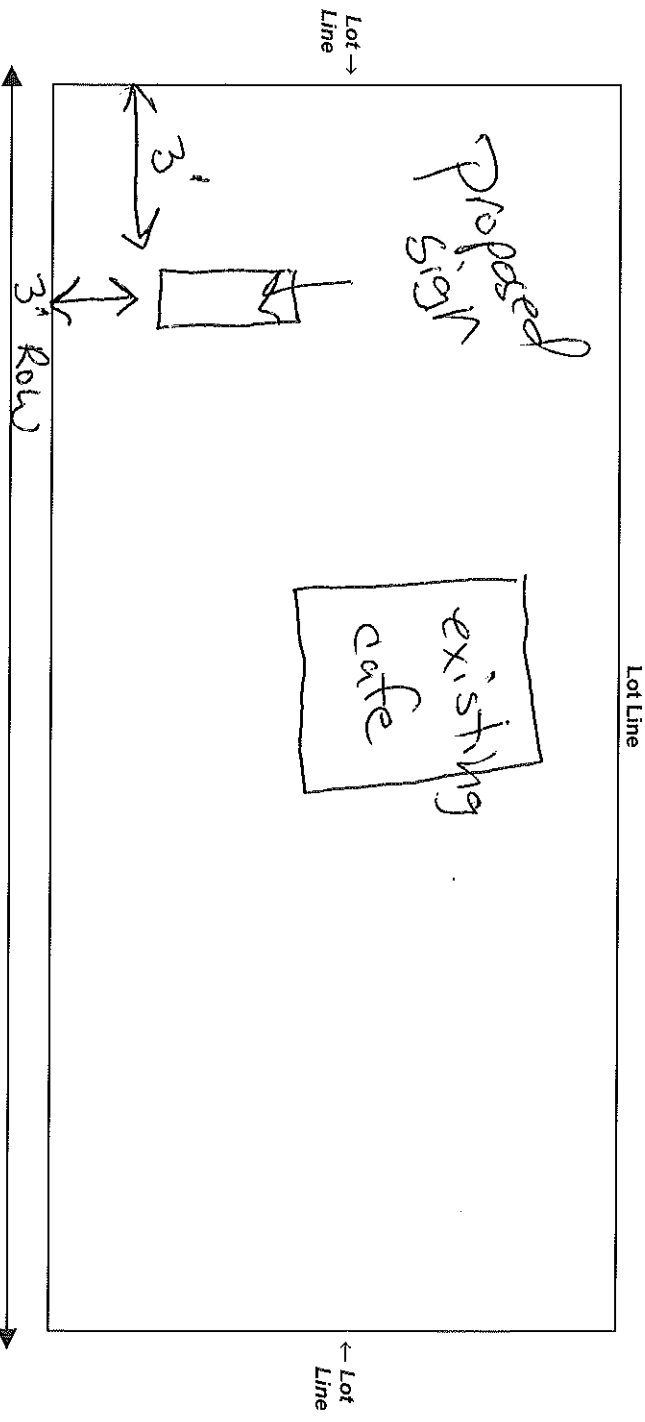
For Office Use Only

Permit Issued: _____
Date 5/16/08 Permit Number 08-0148 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meets all setbacks. Sub-standard lot of record
By M. Fuitak Date of Inspection 5-15-08
Variance (B.O.A.) # _____
Condition _____
Signed Michael Fuitak Inspector Date of Approval 5-15-08

1. 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

- 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 (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)

Welcome Home Coobem!
 Cable Cafe
 open Mon. - Sat. 6A - 2P
 Sun 7A - 12 Noon
 715-798-3003

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.

Shirley M. Deanna
 Applicant's/ Agent's Signature

5-8-08
 Date

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

RECEIVED
MAY 12 2008

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.

ENTERED

Application No. 08-0197
Date: _____
Zoning District C
Amount Paid: \$125.00 ROS
5/13/08

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Legal Description 1/4 of Section 18 Township 43 North, Range 7 West, Town of Cable

Gov't Lot 445 Lot 2 Block D Subdivision V.9 P.333 Assessor's Plat #1 Parcel I.D. # 012-1164-01 Acreage .16

Volume 950 Page 827 of Deeds

Property Owner Shirley Deerman Contractor self (Phone) _____

Address of Property 43465 US Hwy 63 Plumber _____

Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 798-3003 (Home) _____ (Work) _____

Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition Existing Basement: Yes No Number of Stories 1

Estimated Cost of Construction \$500 Square Footage 36 Sanitary: New Existing Privy City

- USE:
- * Residence or Principal Structure (# of bedrooms) _____
 - Residence sq. ft. _____
 - * Residence w/deck-porch (# of bedrooms) _____
 - Residence sq. ft. _____ Porch sq. ft. _____
 - Deck sq. ft. _____ Deck(2) sq. ft. _____
 - * Residence w/attached garage (# of bedrooms) _____
 - Residence sq. ft. _____ Garage sq. ft. _____
 - Residential Addition / Alteration (explain) _____
 - Residential Accessory Building (explain) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) _____
 - Mobile Home (manufactured date) _____
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) entryway
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - Commercial Other (explain) _____
 - Special/Conditional Use (explain) _____
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (explain) _____

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 or Authorized Agent (Signature) Shirley Deerman Date 5-8-08
Address to send permit 2230 Garmisch Rd, Cable, WI ATTACH Copy of Tax Statement
54821 if you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 5/16/08 Permit Number 08-0197 Permit Denied (Date) _____

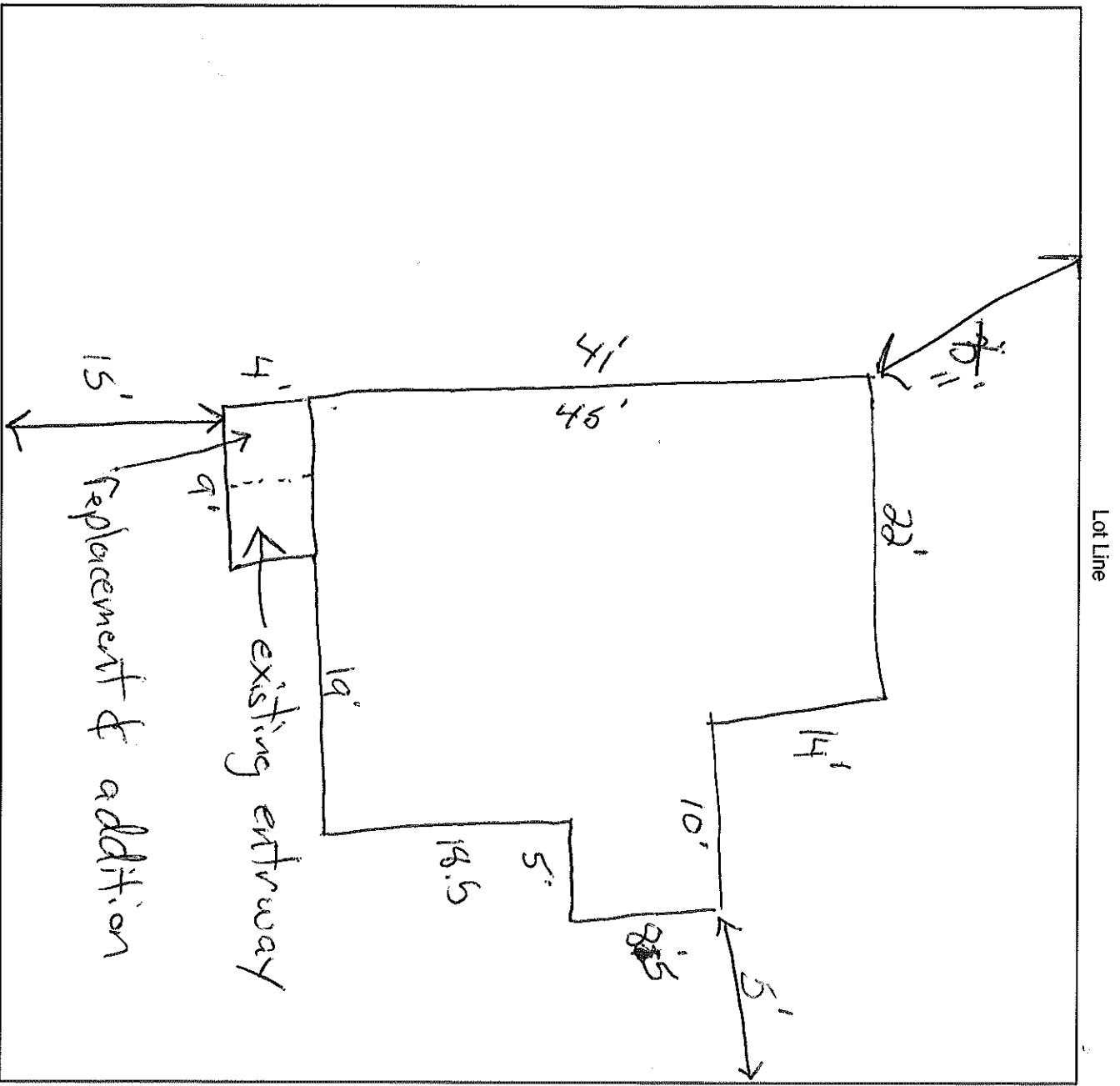
Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per owners' representations. By M. Fustak Date of Inspection 5-15-08

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed Michael Fustak Inspector Date of Approval 5-16-08



Name of Frontage Road (US Hwy 63)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

ENTERED

\$125

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 MAY 09 2008
 Bayfield Co. Zoning Dept.

Application No: 08-0147
 Date: _____
 Zoning District: RRB
 Amount Paid: _____

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.

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Legal Description 1/4 of Section 23 Township 43 North, Range 7 West, Town of Cable
 Gov't Lot 51 Block _____ Acreage .73

Volume 803 Page 1029 of Deeds Parcel I.D. # 012-1208-06 Use Tax Statement for Legal Description

Property Owner Trinity Lutheran Chapel Contractor self (Phone) _____
 Address of Property Cable, WI 54821 Plumber _____
 Authorized Agent Tom Fiels (Phone) 798-3756

Telephone 798-3417 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____
 Estimated Cost of Construction \$5,000 Square Footage 832 Existing Privy _____ City _____
 USE: 26 x 32'

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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 or Authorized Agent (Signature) Tom Fiels Date 5-8-08

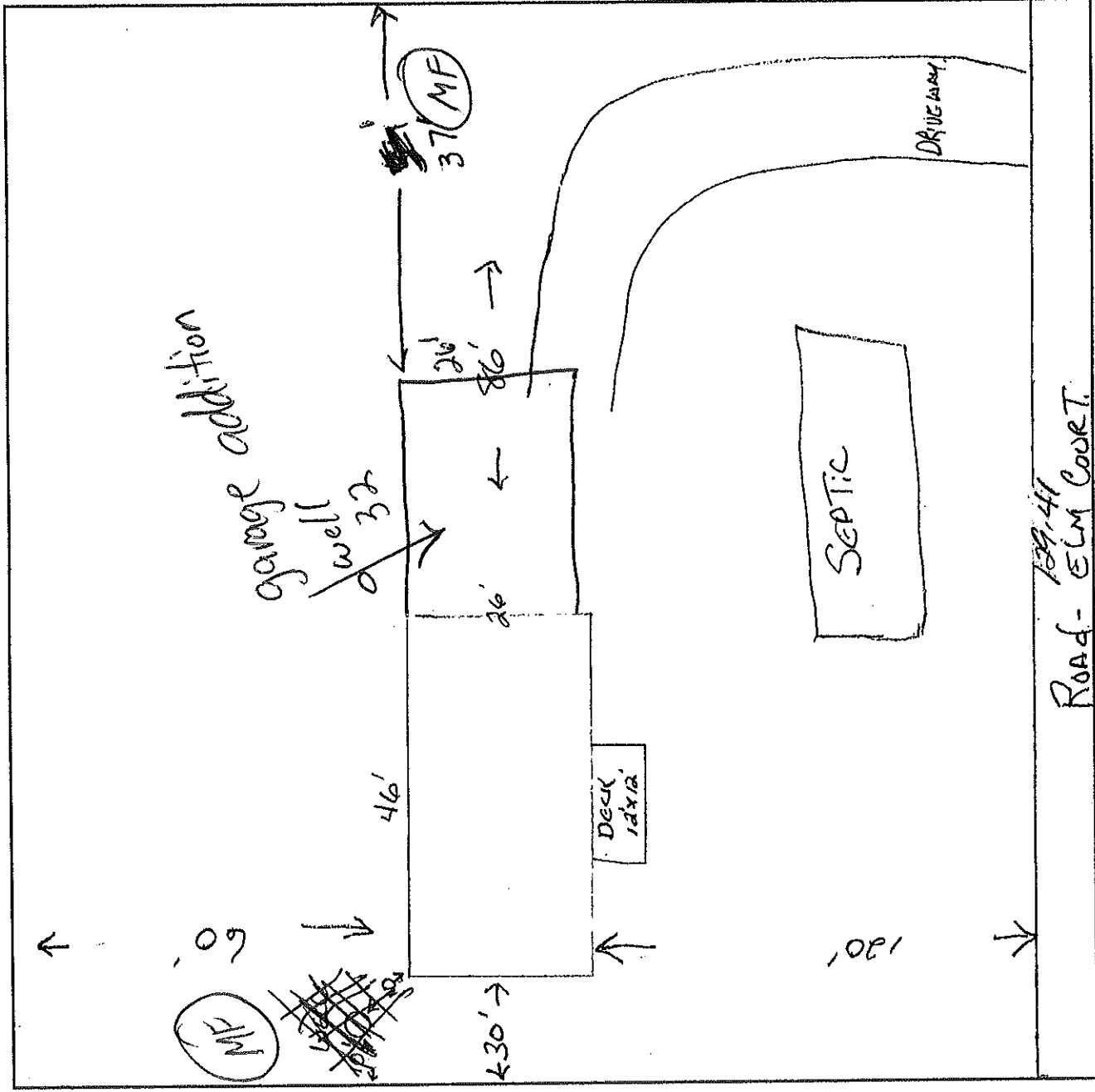
Address to send permit Tom Fiels, P.O. Box 234, Cable, WI 54821 ATTACH
 Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 5/16/08 Permit Number 08-0147 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Meets all setbacks Property lines per owners representations By M. Fustak Date of Inspection 5-15-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Michael Fustak Date of Approval 5-16-08
 Inspector _____

162.03
Lot Line



Name of Frontage Road (ELM COURT.) - Wild River Lot # 51

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Drain field to well
 - g. Privo to building
 - h. Privo to lake, river, stream or pond
 - i. Drain field to closest lot line
 - j. Drain field to building
 - k. Drain field to well

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY