

**APPLICATION FOR SIGN**

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

RECEIVED  
FEB 19 2010

Office Use:  
Application No. 10-0027  
Date \_\_\_\_\_  
Fee Paid \$50 mg  
2/22/10 mg

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield County Zoning Dept.  
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 Fogarty Surgical Services Contractor self  
Address PO Box 130, 43650 Kaurun Highway Rd Authorized Agent Christy Kaseno  
Cable, WI 54821 Agent's Telephone 715-798-3124  
Telephone 715-798-3124 Written Authorization Attached: Yes (X) No ( )

Accurate Legal Description involved in this request: Zoning District: C  
part of SE 1/4 of NW 1/4 of Section 18 Township 43 N. Range 7 W. Town of Cable  
Gov't Lot Lot 5 Block 8 Subdivision Assessor's Plat #2 CSM # \_\_\_\_\_  
04-012-2-43-07-18-2 00-116-04200  
Volume 783 Page 670 of Deeds Parcel I.D. # 1684 ACREAGE

Additional Legal Description: \_\_\_\_\_ ATTACH Copy of Tax Statement

Sign: On-premise  Off-premise  Sign: New  Replacement   
Size of Sign: 6' Feet by 8' Feet Height of Sign: \_\_\_\_\_ Feet from grade to top of Sign

If this sign is off-premise, owner of property must complete the following:  
Butty Kaseno, owner of the above described property, do hereby give  
my authorization for Fogarty Surgical Services to erect and maintain a sign on my property.  
Signed Butty Kaseno Date 2/18/10  
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 2/22/10 Permit Number 10-0027 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Structure is existing Date of Inspection 2-18-10  
By M Furtak  
Variance (B.O.A.) # \_\_\_\_\_  
Condition \_\_\_\_\_  
Signed Michael Furtak Date of Approval 2-19-10  
Inspector