

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

Date Stamp (Received)  
 MAY 23 2014  
 Bayfield Co. Zoning Dept.

Permit #:	14-0131
Date:	6-16-14
Amount Paid:	\$505.03-14
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: Trinity Lutheran Church (Chapel)	Mailing Address: P.O. Box 145	City/State/Zip: Cable, WI 54821	Phone: 798-3417
Sign Owner(s) Name: Trinity Lutheran Church (Chapel)	Mailing Address:	City/State/Zip:	Phone:
Address of Property: 13520 Spruce St.	City/State/Zip: Cable, WI 54821		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Tom Frels	Agent Phone: 715 798-3756	Agent Mailing Address (include City/State/Zip): P.O. Box 234, Cable, WI	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-012-2-43-07-18-200-116-04700	Recorded Document: (i.e. Property Ownership) Volume 375 Page(s) 276
1/4, 1/4	Gov't Lot	Lot(s)	CSM
			Vol & Page
			Lot(s) No. 7+8 9
			Block(s) No.
Section 18, Township 43 N, Range 7 W	Town of: Cable	Subdivision: Assessors Plat # 2	Lot Size Acreage .36

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

Value at Time of Completion * include donated time & material	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$ 850	<input checked="" type="checkbox"/> On-Premise	<input checked="" type="checkbox"/> New	9'	4'-6"	10	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement				<input checked="" type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

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: Tom Frels Date 5/22/14  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: P.O. Box 234 Cable, WI 54821

Attach Copy of Tax Statement

Rec'd for Issuance  
 MAY 23 2014  
 Secretarial Staff

Rec'd for Issuance  
 JUN 13 2014  
 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.  
 Other local Town, Village, City, State or Federal agencies may also require permits.

NEED LETTER OF AUTHORIZATION - ATTACHED MINUTES

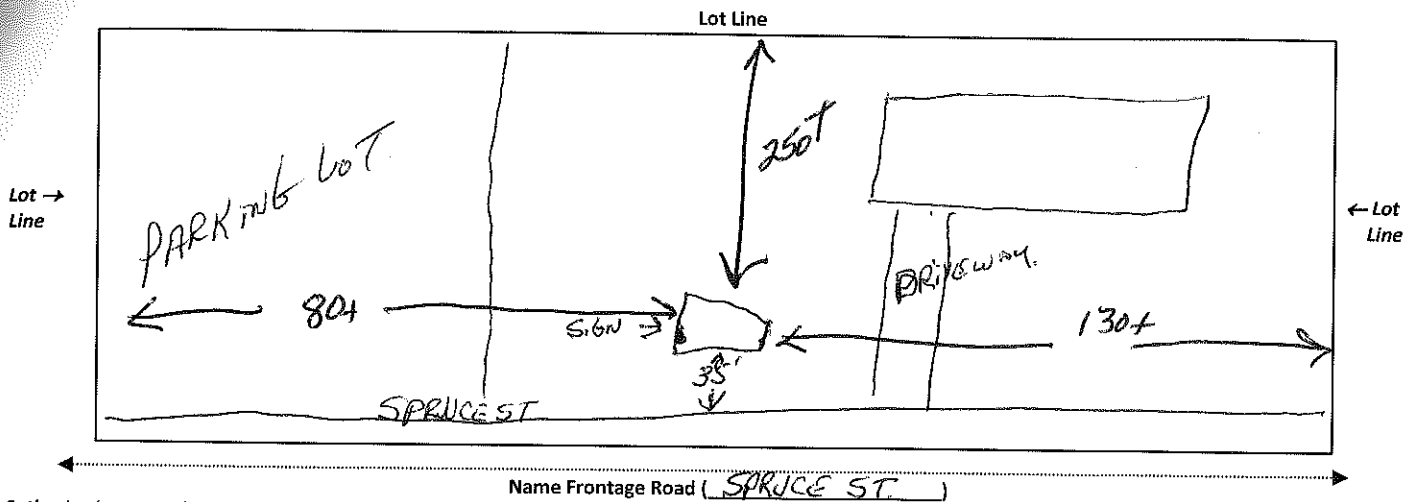
AGE OK TO USE AS LETTER PER EDS

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	50' Feet	Setback from the North Lot Line	250' Feet
Setback from the Established Right-of-Way	35' Feet	Setback from the South Lot Line <i>Town Rd</i>	NA Feet
Setback from Lake, River, Stream or Pond	NA Feet	Setback from the West Lot Line	80' Feet
Setback from Other Sign(s)	NA Feet	Setback from the East Lot Line	130' Feet

Sign Plan  
(Fill in Information Desired on Sign)

see attachment

Issuance Information (County Use Only)	Permit Number: <u>14-0131</u>	Permit Date: <u>6-16-14</u>
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 checked="" type="checkbox"/> No
Case #:	Case #:	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Meets all setbacks.</u>	Date of Inspection: <u>5-22-14</u>	Inspected by: <u>M. Fuitak</u>
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) <u>Well staked. Meets all setbacks.</u>	Signature of Inspector: <u>Michael Fuitak</u>	Date of Approval: <u>5-23-14</u>

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 PO Box 58  
 Washburn, WI 54891  
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APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Date Stamp (received)  
 MAY 15 2014  
 Bayfield Co. Zoning Dept.

Permit #: 14-0182  
 Date: 6-16-14  
 Amount Paid: \$845 519-14  
 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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED →  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: PAUL C. HANKS Mailing Address: 3954 E SQUARE AVE. CUDWY, WI 53110 Telephone: \_\_\_\_\_  
 Address of Property: 45245 E. COBBLE LAKE RD. City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Contractor: SELF Contractor Phone: 715-940-0285 Plumber: TRAV BUSTERS-WD Plumber Phone: 1-715-634-8176  
 Authorized Agent: (person Signing Application on behalf of Owner(s)) Agent Phone: 715-940-0768 Agent Mailing Address (include City/State/Zip): 3954 E. SQUARE AVE CUDWY, WI 53110 Written Authorization Attached  Yes  No

PROJECT LOCATION: SE 1/4, SE 1/4 Gov't Lot: 2 Lot(s): 5-1180 CSM: CSM Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Legal Description: (Use Tax Statement) S 200' P1N: (23 digits) 04-012-2-43-08-01-4 PIN: 05-002-410000 Recorded Document: (i.e. Property Ownership) Volume: 944 Page(s): 665

Section: 1, Township: 43 N, Range: 8 W Town of: COBBLE Lot Size: \_\_\_\_\_ Acreage: \_\_\_\_\_  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 75 feet  
 Distance Structure is from Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water Well
<u>\$115,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bids) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( <u>28</u> X <u>44</u> ) ( <u>X</u> X ) ( <u>X</u> X ) ( <u>X</u> X ) ( <u>12' X 22'</u> ) ( <u>X</u> X ) ( <u>X</u> X ) ( <u>X</u> X )	<u>1,232</u> <u>364</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>X</u> X ) ( <u>X</u> X ) ( <u>X</u> X ) ( <u>X</u> X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	( <u>X</u> X ) ( <u>X</u> X ) ( <u>X</u> X ) ( <u>X</u> X )	
Rec'd for Issuance	Special Use: (explain) Conditional Use: (explain) Other: (explain)	( <u>X</u> X ) ( <u>X</u> X ) ( <u>X</u> X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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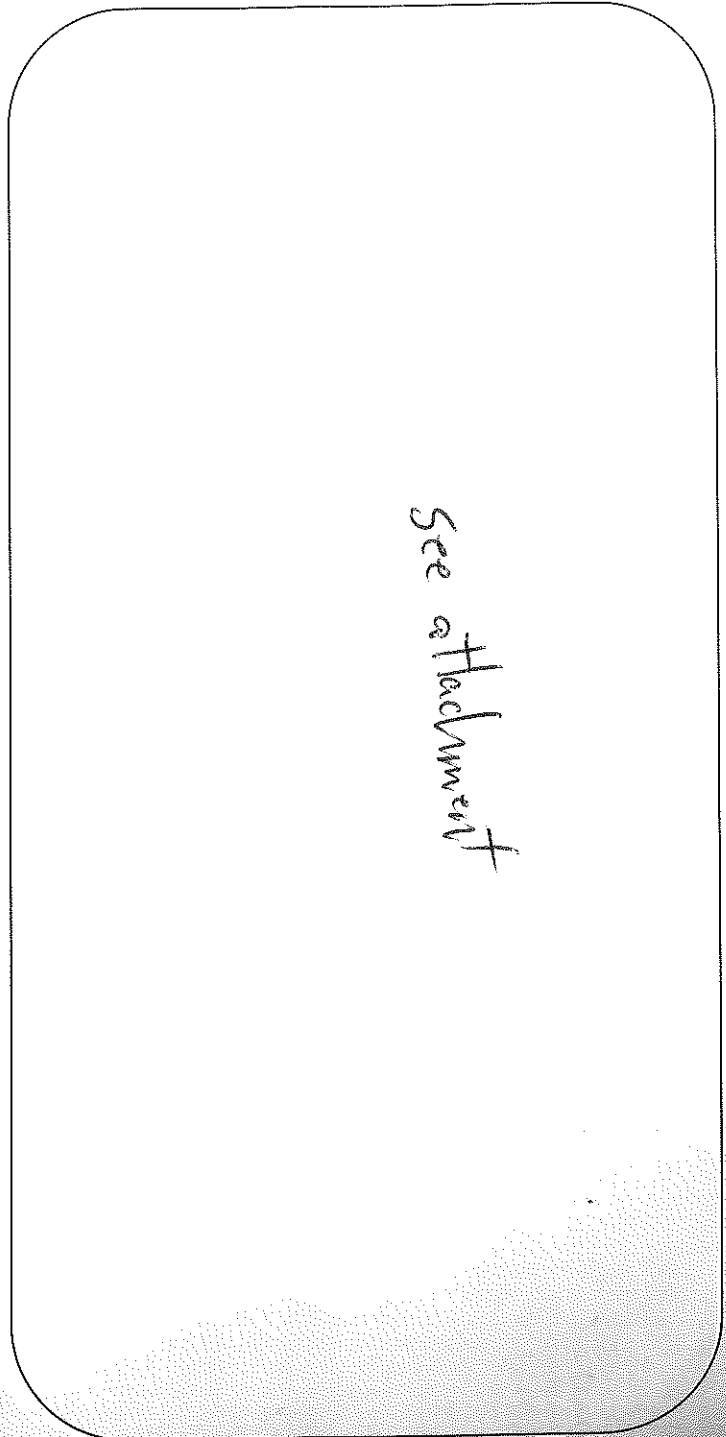
Owners: Paul C Hanks Date: 5-14-14  
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 3954 E. SQUARE AVE. CUDWY, WI 53110 Attach Copy of Tax Statement   
 If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



See Attachment

Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	450+	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	430+	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	90+	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	95+	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	Town Rd	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30'	Setback to Well	5 Feet
Setback to Drain Field	90'		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).  
 NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

**Issuance Information (County Use Only)** Sanitary Number: 87517 # of bedrooms: 2 Sanitary Date: 3-20-87  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
 Permit #: 14-0132 Permit Date: 6-16-14

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous lots)  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_  
 Previously Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No  
 Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner  Yes  No  
 Was Property Surveyed  Yes  No

Affidavit Required  Yes  No  
 Affidavit Attached  Yes  No

Inspection Record: Well Staked! Meets all setbacks  
 Date of Inspection: 6-12-14 Inspected by: M. Fuchs  
 Conditions: Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)

Signature of Inspector: Michael Fuchs Date of Approval: 6-13-14  
 Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

PORTION OF GOVERNMENT LOT 2, SECTION 1,  
TOWNSHIP 43 NORTH, RANGE 8 WEST, BAYFIELD  
COUNTY, WISCONSIN

EAST 1/4 CORNER  
SECTION 1

2

