

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**

ENTERED

Date Stamp (Received)
RECEIVED
 JUN 10 2015
 Bayfield Co. Zoning Dept.

Permit #:	15-0300
Date:	8-11-15
Amount Paid:	\$50 8-11-15
Refund:	

Paid \$50. -
 Cash 6-10-15

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: Joshua Nicoletti	Mailing Address: 9200 Sunnyside Lane	City/State/Zip: Port Wing WI 54865	Phone: (715) 209 2359
Sign Owner(s) Name: Joshua Nicoletti	Mailing Address:	City/State/Zip:	Phone:
Address of Property: 9085 St Hwy 13	City/State/Zip: Port Wing WI 54865		
Contractor: Josh Nicoletti	Contractor Phone: 715 209 2359	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION part of SW 1/4, SW 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-042-2-50-08-28-8 03-000-1305	Recorded Document: (i.e. Property Ownership) Volume 1033 Page(s) 791
Gov't Lot	Lot(s)	CSM	Vol & Page
Section 28 , Township 50 N, Range 8 W	Town of: Port Wing	Lot Size	Acreage 3.7

<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
\$ 1200.00	<input checked="" type="checkbox"/> On-Premise	<input checked="" type="checkbox"/> New	<input type="checkbox"/> 1-Sided	8	8	<input type="checkbox"/> Yes TBA is required <input type="checkbox"/> No
	<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Multi-Tenant			

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): **Josh Nicoletti** Date **6-8-15**
 (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: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **9200 sunnyside Ln Port Wing WI 54865**
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

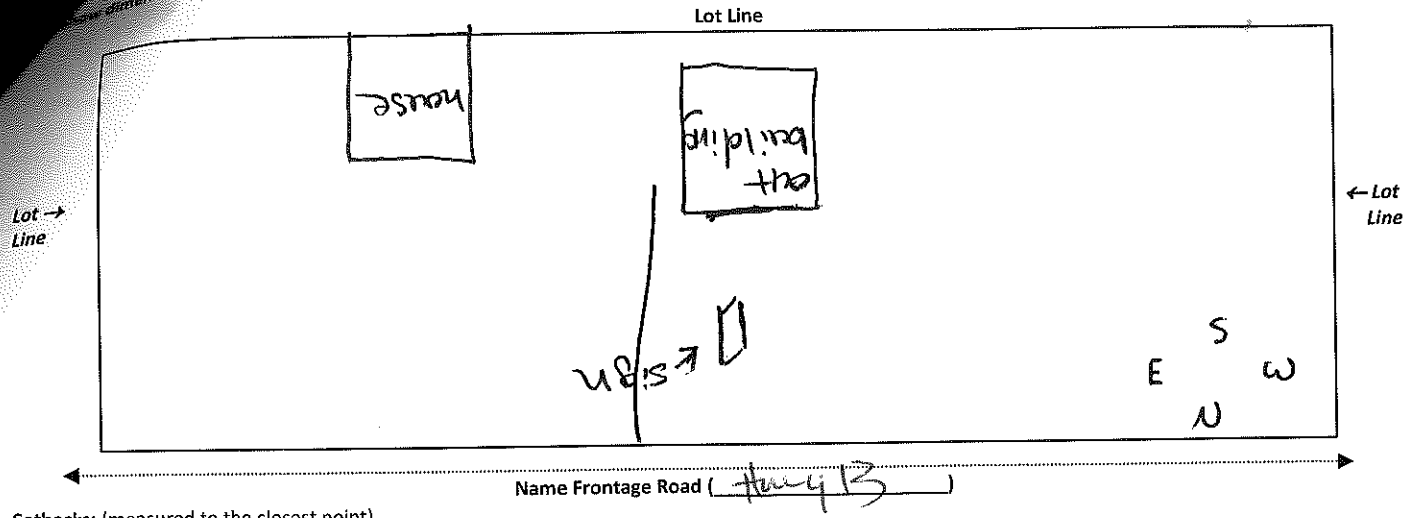
PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 The local Town, Village, City, State or Federal agencies may also require permits.

frontage road as a guideline, and indicate North (N) on plot plan

IMPORTANT
Detailed Plot Plan is Necessary

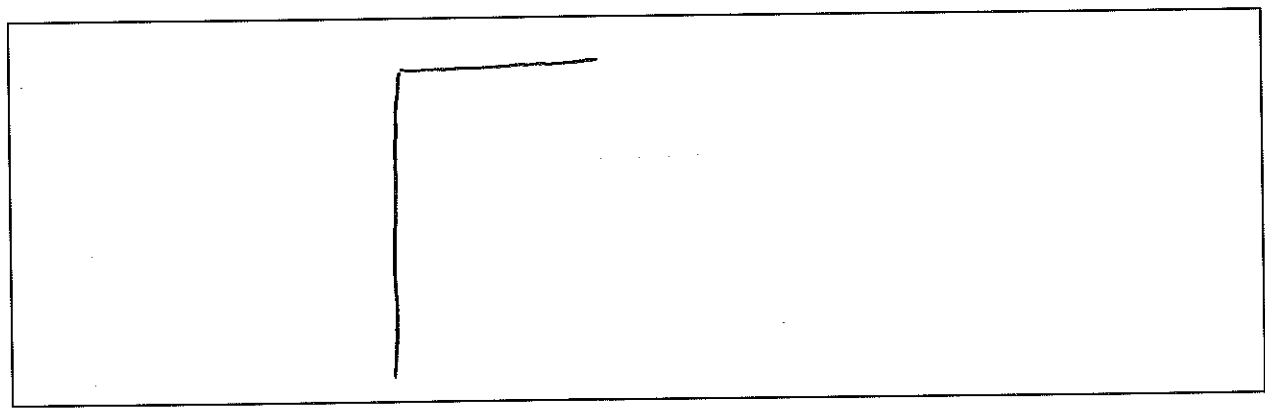
dimensions in feet on the following:



Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	54 Feet	Setback from the North Lot Line	154 Feet
Setback from the Established Right-of-Way	4 Feet	Setback from the South Lot Line	235 Feet
Setback from Lake, River, Stream or Pond	N/A	Setback from the West Lot Line	59 (7) Feet
Setback from Other Sign(s)	N/A	Setback from the East Lot Line	411 Feet

Sign Plan
(Fill in Information Desired on Sign)



Issuance Information (County Use Only)	Permit Number: 150800	Permit Date: 8-11-15
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
Was Parcel Legally Created <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
Inspection Record: 100 ft ROW @ this location on 13. REC'D CALL FROM OWNER 8-10-15 RE: DIMENSIONS.	Inspected by: JACOBSON MURPHY	Zoning District: (C)
Date of Inspection: 6-26-15	Signature of Inspector: [Signature]	Lakes Classification: (N/A)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)	Signature of Inspector: [Signature]	Date of Re-Inspection:
Sign must be located minimum 3ft from R.O.W, EXCEED 20ft in HEIGHT OR 96 sq ft in AREA.	Signature of Inspector: [Signature]	Date of Approval: 8-11-15