

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

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

See Attached Site Plan

Please complete (1) - (7) above (prior to continuing)

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

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	255 Feet	Setback from the Lake (ordinary high-water mark)	155 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	170 Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	390 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	155 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	90 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 15-8372	Permit Date: 10-1-15		30sq HT.	
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previous Mitigation Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: GLC IMPROVED SURFACE CIRCULATION DONE. USES TYPICAL 15% IMP. SURFACE WITH 300 FT OF ASPHALT.	Date of Inspection: 9-29-15	Inspected by: J. GREENBERG - MURPHY	Zoning District: (R-1)	Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Business shall not be used for human habitation or sleeping purposes. Show not contain indoor plumbing fixtures w/ connection to pressurized water unless secured by approved means.				
Signature of Inspector:	Date of Approval: 9-30-15			
Hold For Sanitary: <input type="checkbox"/>	Hold For BA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

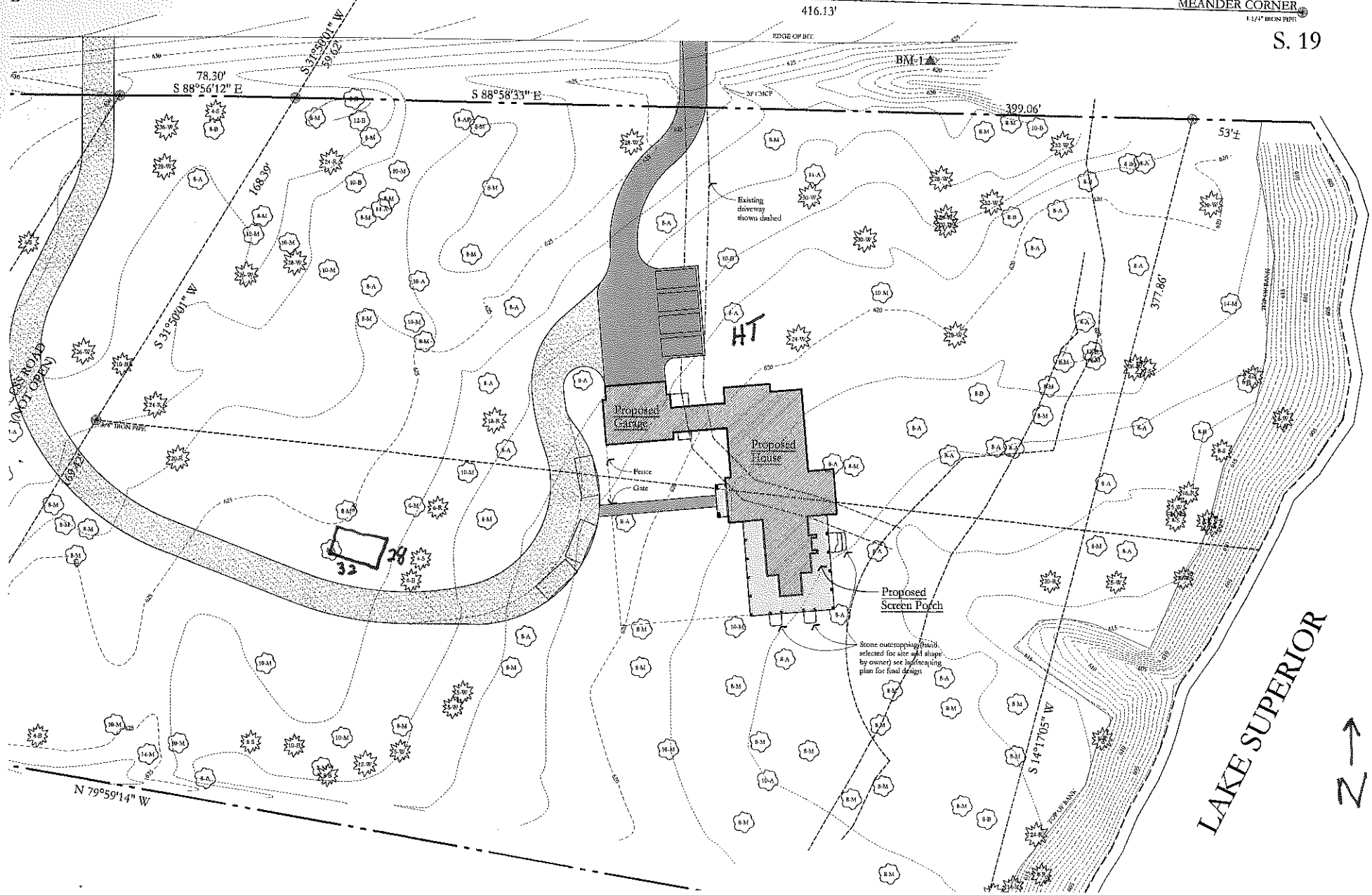
In the

GOVERNMENT LOT 4
GOVERNMENT LOT 1

Birch Grove Rd

1400.81'
416.13'

S. 18
MEANDER CORNER
1/4" IRON PIPE
S. 19



LAKE SUPERIOR
N →

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR SIGN
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 24 2015

Bayfield Co. Zoning Dept.



Permit #:	15-0398
Date:	10-1-15
Amount Paid:	\$50 10-1-15
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: <u>Patti Vernon</u>	Mailing Address: <u>27505 Cherryville Rd</u>	City/State/Zip: <u>Ashland WI 54806</u>	Phone: <u>715 682 8308</u>
Sign Owner(s) Name: <u>Patti Vernon</u>	Mailing Address: <u>27505 Cherryville Rd</u>	City/State/Zip: <u>Ashland WI 54806</u>	Phone: <u>715 682-8308</u>
Address of Property: <u>27700 Cherryville Rd</u>	City/State/Zip: <u>Ashland WI 54806</u>		
Contractor:	Contractor Phone:	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	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04- <u>002 24805 33462 00030000</u>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
<u>SW 1/4, NE 1/4</u>	Gov't Lot _____ Lot(s) <u>1</u>	CSM <u>1925 11/222</u>	Subdivision:
Section <u>33</u> , Township <u>48</u> N, Range <u>5</u> W	Town of: <u>Bark Lake</u>	Lot Size	Acres <u>43.88</u>

<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 type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion <small>* include donated time & material</small>	✓	Project (What are you applying for)	Type	Length	Width	Height	Located In Town of Bayfield
\$500.	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New				<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided	8'	4'	<input checked="" type="checkbox"/> No
	<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): Patti Vernon Date 9-16-15
 (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 27505 Cherryville Rd Ashland WI 54806

Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Rec'd for Issuance
 OCT 01 2015
 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.
 The local Town, Village, City, State or Federal agencies may also require permits.

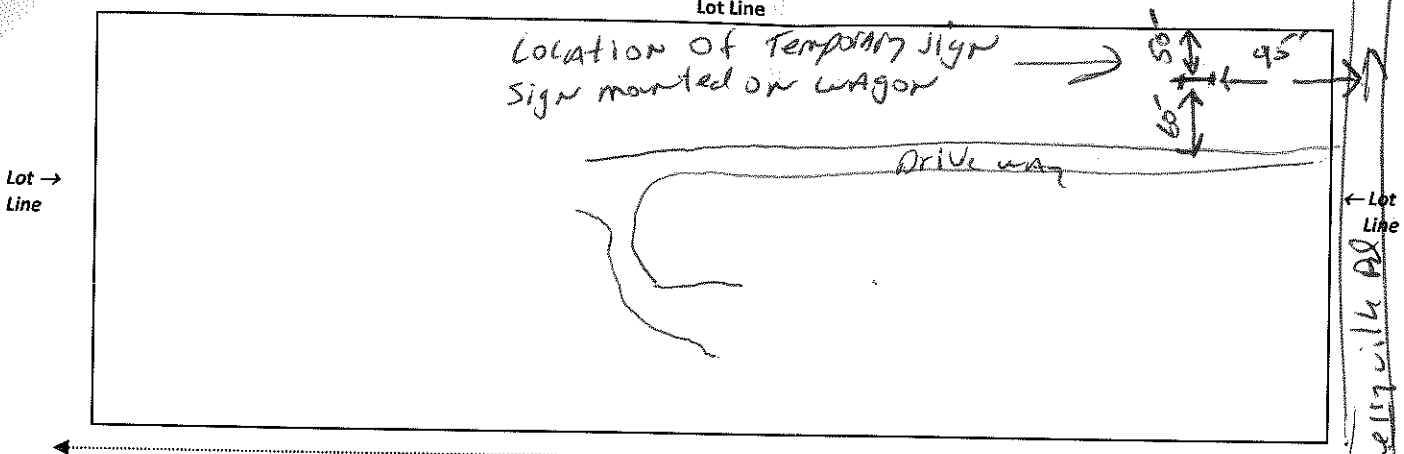
Use frontage road as a guideline, and indicate North (N) on plot plan

Show the sign location

Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

← N



Setbacks: (measured to the closest point)

Name Frontage Road ()

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	40 Feet	Setback from the North Lot Line	NA Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the South Lot Line	centerline 95 Feet
Setback from Lake, River, Stream or Pond	NA Feet	Setback from the West Lot Line	from centerline 60 Feet
Setback from Other Sign(s)	Feet	Setback from the East Lot Line	property line 50 Feet

Sign Plan
(Fill in Information Desired on Sign)

Cherryville Country Store
open/closed

Issuance Information (County Use Only)		Permit Number: 15-0378	Permit Date: 10-1-15
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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No ALREADY PLACED	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: sign already up photo attached		Zoning District: 42-1	
Date of Inspection: 9-29-15	Inspected by: J. Croon-Borja-Murphy	Lakes Classification: NA	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)		Date of Re-Inspection:	
NO OFF PREMISE SIGN ALLOWED w/o NEW PERMIT APPLICATION + sign ordinance requirements met.		Date of Approval: 9-30-15	
Signature of Inspector:		Date of Approval:	