

Signature

Signature

APPLICATION FOR SIGN

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

RECEIVED

APR 03 2009

Office Use:
Application No. 09-0093
Date _____
Fee Paid \$50 4/14/09 mg
(\$175 total fee with town add - 2 signs)

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 Steve & Nancy Sandstrom Contractor Michael Schwerin
Address 83645 Hwy 13 Authorized Agent Michael Schwerin
Bayfield, WI 54814 Agent's Telephone 505-490-2737
Telephone 715-779-2676 Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request: SE 1/4 of NE 1/4 of Section 28 Township 50 N. Range 04 W. Town of Bayfield
Zoning District: R PD

Gov't Lot _____ **Lot** _____ **Block** _____ **Subdivision** _____ **CSM #** _____
Volume _____ **Page** _____ of Deeds 006-1058-03 **ACREAGE** 3.5

Additional Legal Description: Lot 1 of CSM #904 in V.6 P.90 being a part of CSM #145393C (Pinehurst Inn) Tax Statement
Sign: On-premise Off-premise **Sign:** New Replacement

Size of Sign: 2.5 Feet by 5 Feet **Height of Sign:** 6 Feet from grade to top of Sign
Signature for Enso Wellness Center & Day Spa
If this sign is off-premise, owner of property must complete the following:

I, N/A, owner of the above described property, do hereby give my authorization for _____ to erect and maintain a sign on my property.

Signed Nancy Sandstrom Date 4/14/09
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 4-23-09 Permit Number 09-0093 Permit Denied (Date) _____
Reason for Denial: incorrect
Inspection Record: Worked sign details & configurations. Copy of ordinance requirements as presented by owner - permit may be issued. Date of Inspection 4-25-09
Variance (B.O.A.) #: three (3) feet from low of sign.
Condition Sign must be at least 3 feet from low of sign.
Signed [Signature] Inspector [Signature] Date of Approval 4-27-09

APR 24, 2009

Secretarial Staff

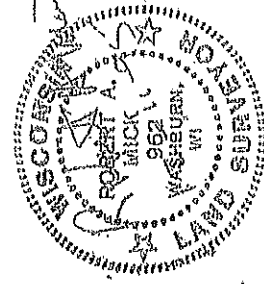
423708

VOL. 6 OF CSM PAGE 90-91

Otto Korpela
REGISTER OF DEEDS

'95 DEC 12 PM 2 01

REGISTER'S OFFICE/S.C.
DAYFIELD COUNTY, WIS.



WISCONSIN

DETAILED PLOT PLAN

IS NECESSARY. FOLLOW

STEPS 1-7 (8-0) COMPLETELY.

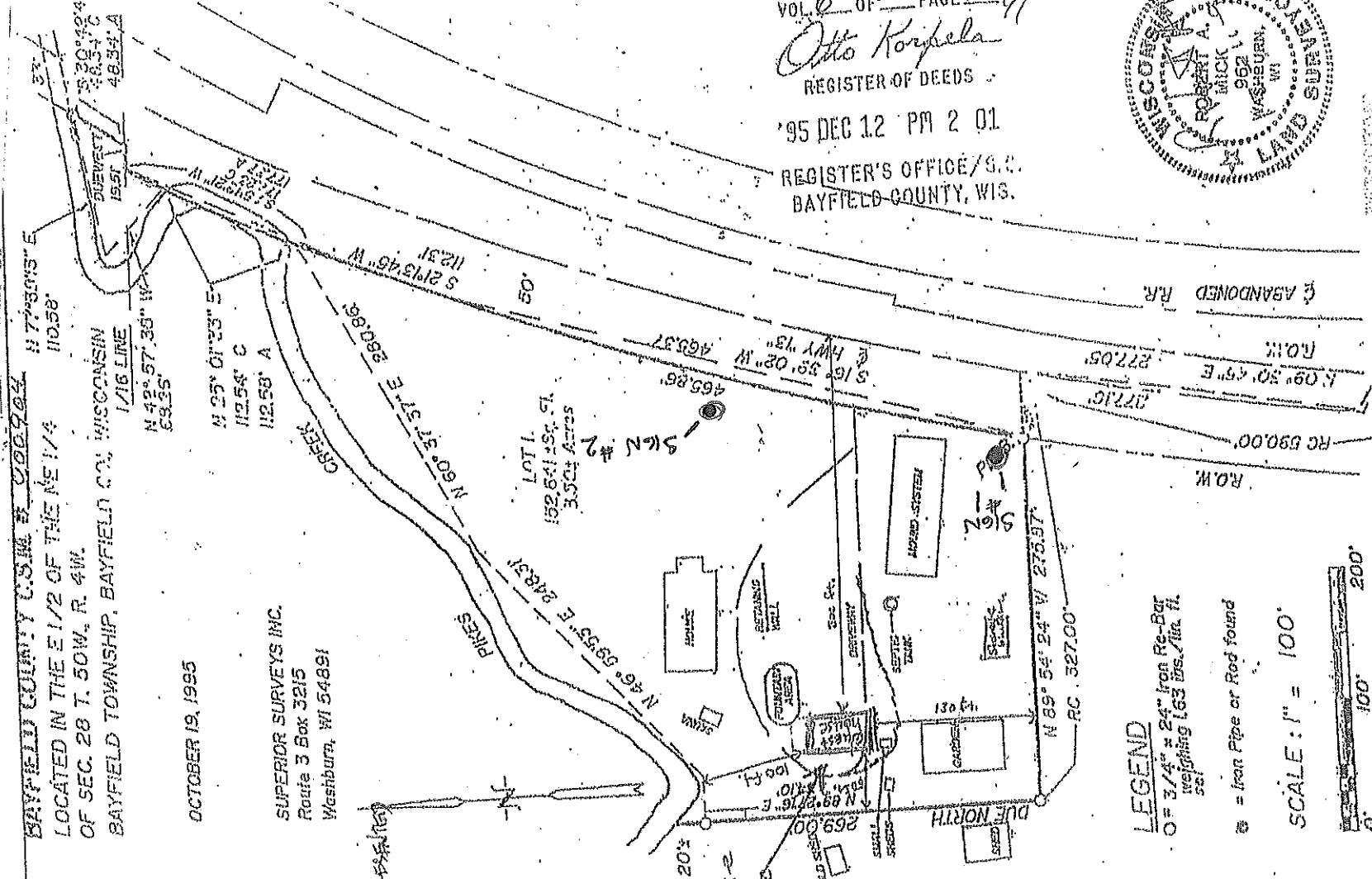
BAYFIELD COUNTY C.S.M. # 000703
LOCATED IN THE E 1/2 OF THE NE 1/4
OF SEC. 28 T. 50W., R. 4W.
BAYFIELD TOWNSHIP, BAYFIELD CO., WISCONSIN

OCTOBER 19, 1995

SUPERIOR SURVEYS INC.
Route 3 Box 3215
Washburn, WI 54881

Said locations NOT RECORDED
By order

Lower level base
of Garden House
to be rented to
Enso Wellness
Center &
Day Spa
No add.
Build - simply
remodeling
existing space.



LEGEND

○ = 3/4" x 24" Iron Re-Bar
weighing 163 lbs./lin. ft.

⊙ = Iron Pipe or Rod found

SCALE: 1" = 100'



1. Nail

2. Sign

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

1. Privy to building

2. Privy to lake, river, stream or pond

3. Drain field to closest lot line