

COMPLETED APPLICATION, TAX
 FEE TO:
 Bayfield County Zoning Dept.
 Cable, WI 54821
 (715) 373-6138

**APPLICATION FOR SIGN
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 NOV 13 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	150058
Date:	4-6-15
Amount Paid:	Cash MF Pd \$50
Refund:	11-13-14

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: Todd Keenan	Mailing Address: 42730 Birch Bend Rd, Cable, WI 54821	City/State/Zip:	Phone: 903 946-2516
Sign Owner(s) Name: Todd Keenan	Mailing Address: Same	City/State/Zip:	Phone:
Address of Property: 42730 Birch Bend Rd	City/State/Zip: Cable, WI 54821		
Contractor: Dale Krajenka 715 798-2470	Contractor Phone: 798-2470	Address: 46010 Crystal Lake Rd, Cable, WI 54821	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Kathy Messal 715 798-2470	Agent Phone: 798-2470	Agent Mailing Address (include City/State/Zip): Same ↑	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-034-2-43-0623-1 04-000-1000	Recorded Document: (i.e. Property Ownership) Volume 1118 Page(s) 361
SE 1/4, NE 1/4 E of Co. Trunk D & N of Co. Trunk M	Gov't Lot	Lot(s)	CSM
Section 23 , Township 43 N, Range 6 W			
		Vol & Page	Lot(s) No.
			Block(s) No.
		Town of: Namakagon	Subdivision:
		Lot Size	Acreage 7.0

<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 <small>* include donated time & material</small>	Project <small>(What are you applying for)</small>	Type	Length	Width	Height	Located in Town of Bayfield
\$ 500	<input checked="" type="checkbox"/> On-Premise	<input checked="" type="checkbox"/> New	8'	4'	10	<input type="checkbox"/> 1-Sided
	<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement				<input 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
						<input type="checkbox"/> Yes TBA is required <input checked="" type="checkbox"/> No

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: **Kathy Messal** Date **10/16/14**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **46010 Crystal Lake Rd, Cable, WI 54821**

Rec'd for Issuance
DEC 29 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.
 The local Town, Village, City, State or Federal agencies may also require permits.

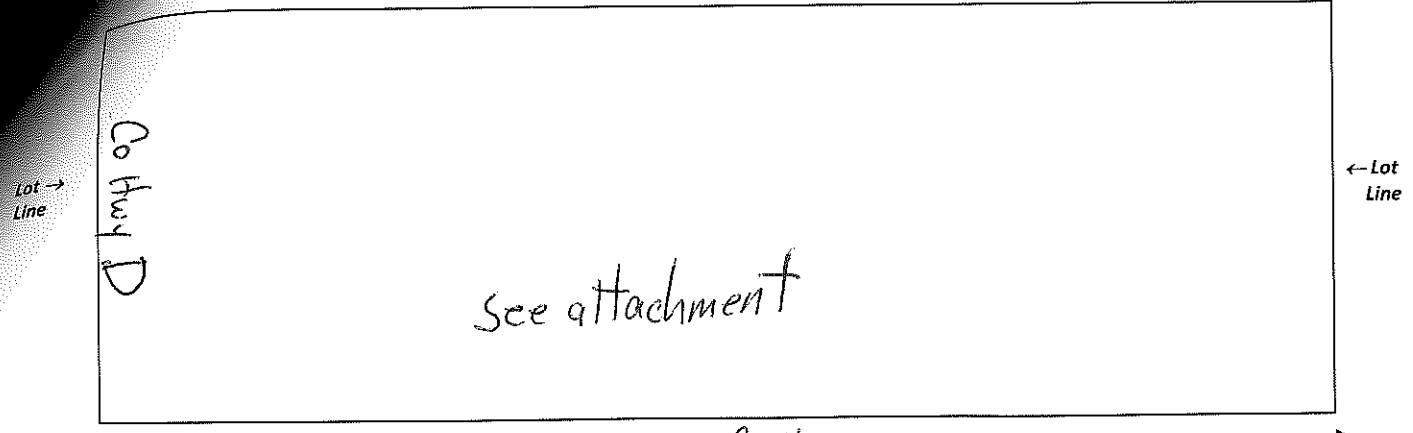
Attach Copy of Tax Statement
 Rec'd for Issuance
APR 06 2015
 Secretarial Staff

NEEDS LETTER OF AUTHORIZATION

Use frontage road as a guideline, and indicate North (N) on plot plan
 dimensions in feet on the following:

IMPORTANT
 Detailed Plot Plan is Necessary

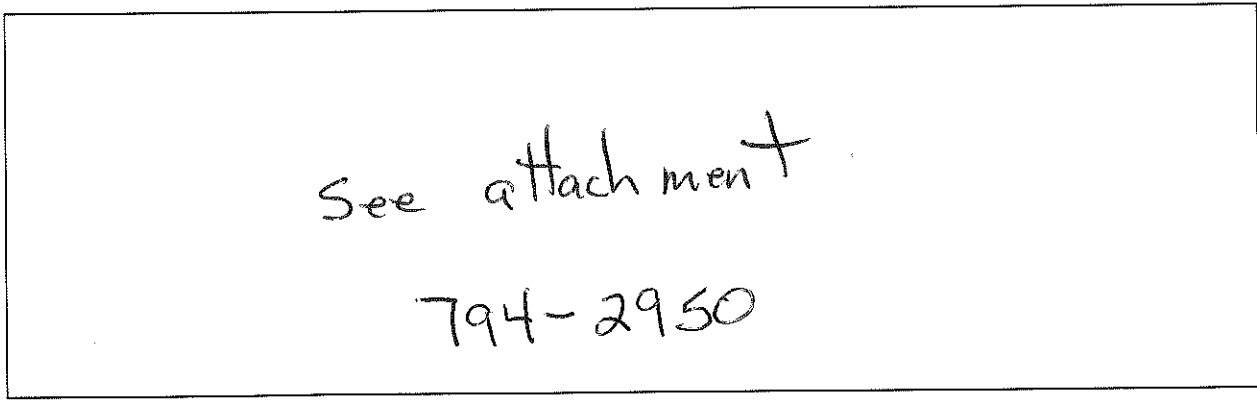
Lot Line



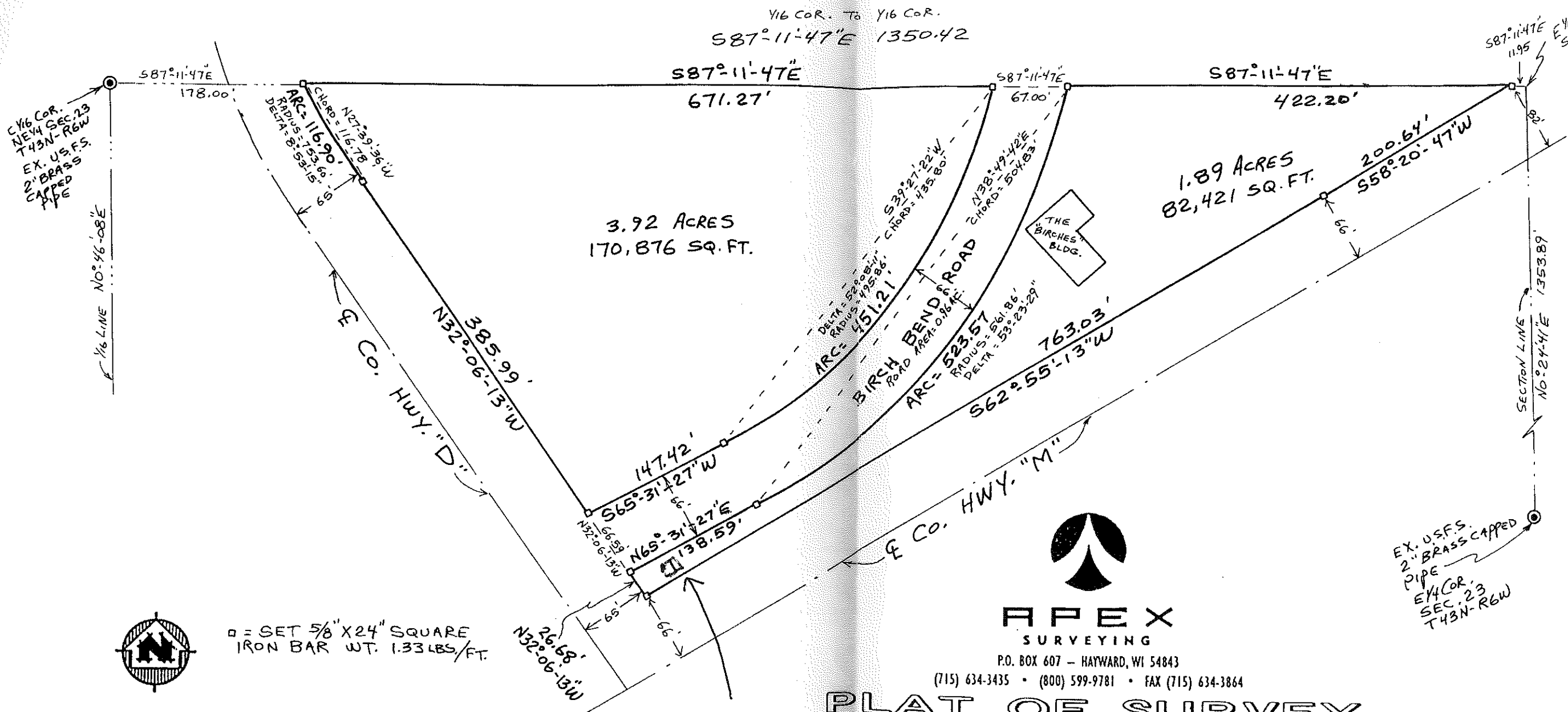
Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the North Lot Line	Feet
Setback from the Established Right-of-Way	Feet	Setback from the South Lot Line	Feet
		Setback from the West Lot Line	Feet
Setback from Lake, River, Stream or Pond	Feet	Setback from the East Lot Line	Feet
Setback from Other Sign(s)	Feet		

Sign Plan
 (Fill in Information Desired on Sign)

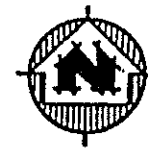


Issuance Information (County Use Only)		Permit Number: 150058	Permit Date: 4-6-15
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Meets all requirements.		Zoning District	(RRB)
Date of Inspection: 12-18-14	Inspected by: M. Furtak	Lakes Classification:	(NA)
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.) Existing sign must be removed.			
Signature of Inspector: Michael Furtak			Date of Approval: 12-29-14



C 1/16 COR. NE 1/4 SEC. 23 T43N-R6W EX. US.F.S. 2" BRASS CAPPED PIPE

E 1/16 COR. NE 1/4 SEC. 23, T43N-R6W FALLS WITHIN C.T.H.'M' RIGHT-OF-WAY



□ = SET 5/8" X 24" SQUARE IRON BAR WT. 1.33 LBS./FT.

BEARINGS ARE REFERENCED TO A U.S. FOREST SERVICE MAP OF SURVEY BY R.L.S. RANDY ERICKSON DATED 4-14-99 DOCUMENT NO. 453737 BAYFIELD CO. REGISTER OF DEEDS

CLIENT: STEPHEN D. THILL PROJECT NO. 0037



APEX
SURVEYING

P.O. BOX 607 - HAYWARD, WI 54843
(715) 634-3435 • (800) 599-9781 • FAX (715) 634-3864

PLAT OF SURVEY

THAT PART OF THE SE 1/4 OF THE NE 1/4, SECTION 23, T43N-R6W, TOWN OF NAMAKAGON, BAYFIELD CO., WIS. LYING EAST OF Co. Hwy. "D" AND NORTH OF Co. Hwy. "M". VOLUME 756 RECORDS PAGE 501.

Frederic W. Zietlow
MAY 18, 2000



SCALE: 1" = 100'

I, FRED ZIETLOW, REGISTERED LAND SURVEYOR, HEREBY CERTIFY TO MY CLIENT(S) THAT I HAVE SURVEYED AND MAPPED THE PROPERTY SHOWN UPON THIS PLAT AND THAT THE WITHIN PLAT IS A TRUE AND CORRECT REPRESENTATION OF THE BOUNDARIES OF THE LAND SURVEYED, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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 PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 MAR 18 2015
 Bayfield Co. Zoning Dept.

Permit #:	150000
Date:	4-10-15
Amount Paid:	\$175
Refund:	4-10-15

\$175

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.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Jenold & Judith Darwin Trust Mailing Address: PO Box 935 City/State/Zip: Iron River, WI Telephone: 715/378-4624

Address of Property: 84685 Garden Lake Road City/State/Zip: Apple WI, 54821 Cell Phone: 715/392-0236

Contractor: Micklund Ent Contractor Phone: 715/998-3158 Plumber: NONE Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol. & Page 500 1000 910 Block(s) No. _____ Subdivisions: NAM, LAKE SHORE

Section 12, Township 93N, Range 906 W 10W of N1/4 MARKA GON Lot Size _____ Acreage 1.920

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No

Distance Structure is from Shoreline: 40 feet
 Distance Structure is from Floodplain Zone? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>9000</u>	New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.T</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 14' Width: 14' Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>garage</u>	(<u>14</u> X <u>14</u>)	<u>196</u>
	Accessory Building (specify) _____	() X ()	
	Accessory Building Addition/Alteration (specify) _____	() X ()	
Rec'd for Issuance	Special Use: (explain) _____	() X ()	
	Conditional Use: (explain) _____	() X ()	
	Other: (explain) _____	() X ()	

APR 10 2015

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.

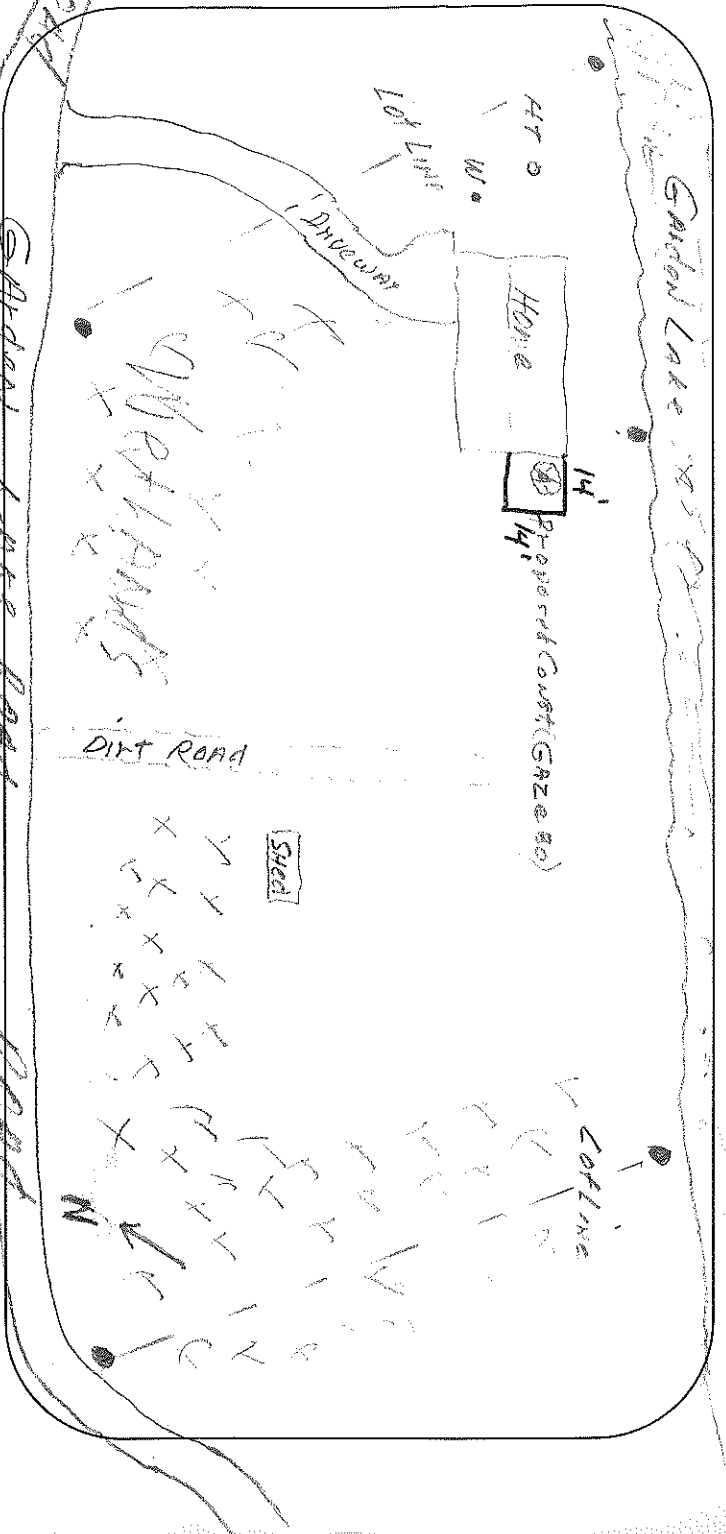
Owner(s): Greg & Jeanne Darwin Date 3-13-15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

504-g
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%



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	250ft	Setback from the Lake (ordinary high-water mark)	38 Feet
Setback from the Established Right-of-Way	250	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA	Setback from Wetland	10 Feet
Setback from the West Lot Line	190ft	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	12ft	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	5 Feet	Setback to Well	10 Feet
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

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: 298135 # of bedroom: 4 Sanitary Date: 5-7-98

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 15-00060 Permit Date: 4-10-15

Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel In Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Useful/Injurious Lot(S)	<u>38 FEET DRAIN</u>	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) 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

Inspected by: MM. Furbak

Date of Inspection: 3-27-15

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

Addition may not exceed 200 sq ft.

Signature of Inspector: Michael Furbak Date of Approval: 3-30-15

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

4-10-15