

STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

DRUMMOND-ATC SITE #278031
 REC # - 1204961

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 FEB 25 2013
 Bayfield Co. Zoning Dept

Permit	ENTERED	13-00882
Date:	2-28-13	
Amount Paid:	\$105	
Return:	0-28-13	

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: Eric Allen Mailing Address: 400 AGENCY FOREST DRIVE City/State/Zip: Carp, N.C. 27518 Telephone: 877.882.7883

Address of Property: 13680 SCHMIST RD. City/State/Zip: Drummonds, WI 54832 site # 278031 Cell Phone: _____

Contractor: INTELEGRA COMMUNICATIONS Contractor Phone: 920-990-0147 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Raymond B. Adams Agent Phone: 920-990-0205 Agent Mailing Address (include City/State/Zip): 920-990-0205 ray.b.adams@intelgracom.com Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4 SE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 7, Township 44 N, Range 7 W Town of: Drummond Lot Size _____ Acreage 38.14

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (Int. Intermittent) Creek or Landward side of Floodplain? If Yes---continue Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

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	
\$ <u>14,000.00</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> _____ <input type="checkbox"/> 3 <input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> None <input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Foundation <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <u>N/A</u>
	<input checked="" type="checkbox"/> Existing Structure: (If permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____	Length: _____	Width: _____	Height: _____
	<input type="checkbox"/> Proposed Construction:	Length: _____	Width: _____	Height: _____	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
	with Loft	(X X)	
	with a Porch	(X X)	
	with (2 nd) Porch	(X X)	
	with a Deck	(X X)	
	with Attached Garage	(X X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
	Mobile Home (manufactured date)	(X X)	
	Addition/Alteration (specify)	(X X)	
	Accessory Building (specify)	(X X)	
	Accessory Building Addition/Alteration (specify)	(X X)	
	Special User: (explain)	(X X)	
	Conditional User: (explain)	(X X)	
	Other: (explain) <u>Telecommunication Tower Site Co-Location</u>	(X X)	<u>20 sq. ft.</u>

REC'd for Issuance
 FEB 28 2013
 Secretarial Staff

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)

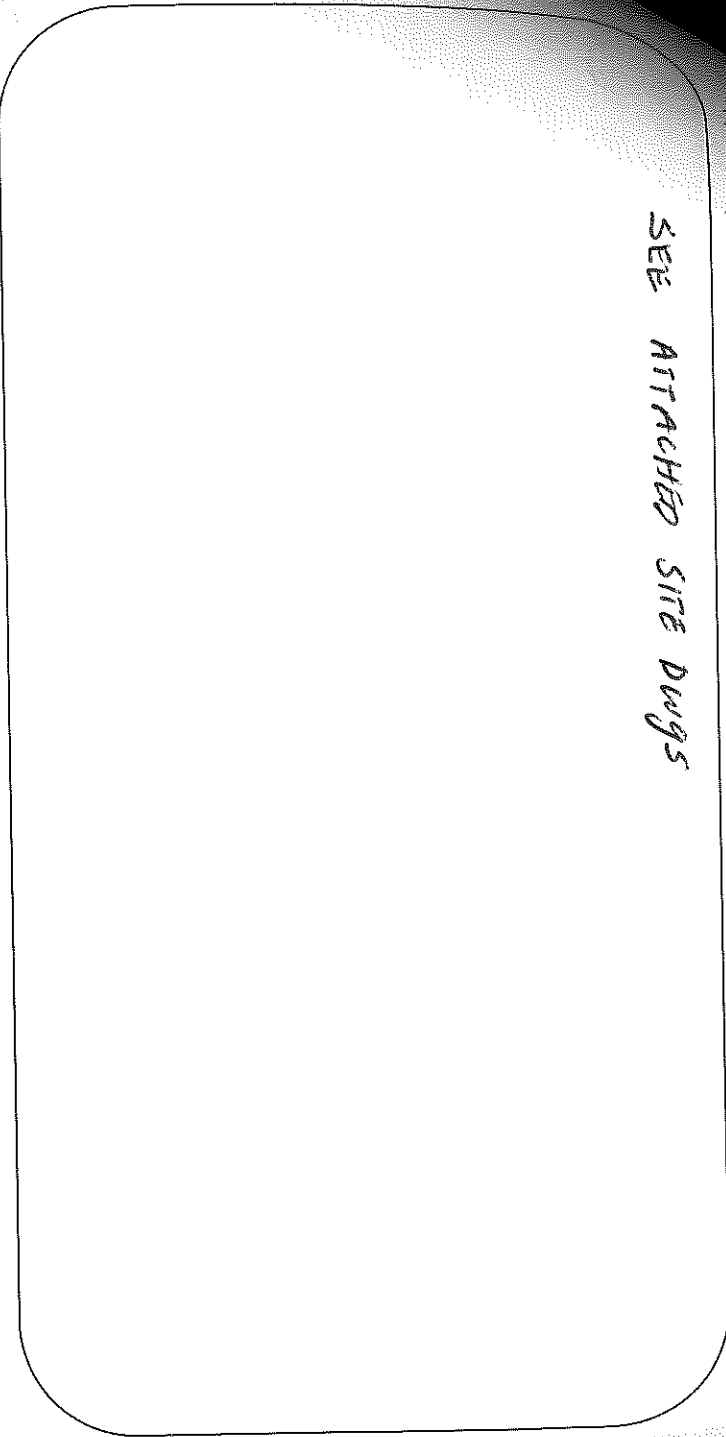
Authorized Agent: Don O Adams Date 2-28-13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 130E Walnut St. Green Bay, WI 54301 Attach _____
send copy to Dan Anderson, Norwado Cable TV Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE P.O. Box 67

Proposed location of:
 Show / Indicate:
 Show location of (*):
 Show:
 Show any (*):
 Show any (*):

- Proposed Construction**
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED SITE DWGS



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	100+ Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	100+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	100+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	100+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	100+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____
 Reason for Denial: _____ Permit Date: 2-28-13

Permit #: 13-00222

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No 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 #: _____

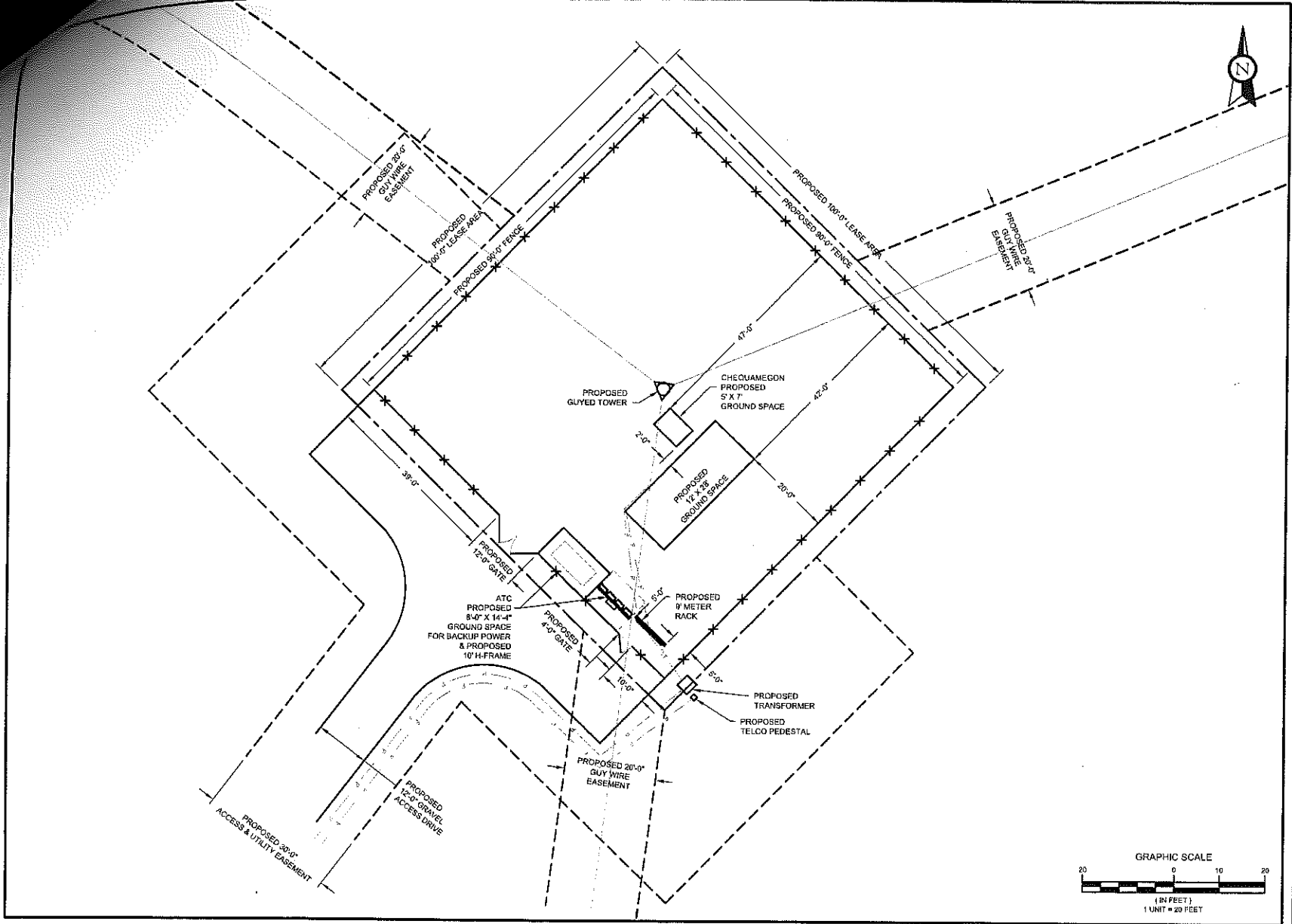
Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record:
 Inspection: Co-locate on existing tower. Metabolite tank.
 Date of Inspection: 2-28-13 Inspected by: M J Furtak
 Zoning District (F-1) Lakes Classification (NA)
 Date of Re-Inspection: _____

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

Signature of Inspector: Michael Furtak
 Date of Approval: 2-28-13

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



AMERICAN TOWER®
SITE DESIGN
 450 REGENCY FOREST DRIVE
 CARY, NORTH CAROLINA 27518
 PHONE: (919) 468-0112
 FAX: (919) 468-5040
 NYSE: AWT

THESE DRAWINGS AND/OR THE ACCOMPANYING SPECIFICATION AS INSTRUMENTS OF SERVICE ARE THE EXCLUSIVE PROPERTY OF LESSOR/SITE OWNER AND THEIR USE AND PUBLICATION SHALL BE RESTRICTED TO THE ORIGINAL SITE FOR WHICH THEY ARE PREPARED. REUSE, REPRODUCTION OR PUBLICATION BY ANY METHOD, IN WHOLE OR IN PART, IS PROHIBITED EXCEPT BY WRITTEN PERMISSION FROM LESSOR/SITE OWNER. TITLE TO THESE PLANS AND/OR SPECIFICATIONS SHALL REMAIN WITH LESSOR/SITE OWNER WITHOUT PREJUDICE AND VISUAL CONTACT WITH THEM SHALL CONSTITUTE PRIMA FACIE EVIDENCE OF ACCEPTANCE OF THESE RESTRICTIONS.

ALL MEASUREMENTS AND LOCATIONS SHOWN IN THIS SITE DESIGN ARE APPROXIMATE AND LESSOR/SITE OWNER MAKES NO REPRESENTATIONS OR WARRANTIES AS TO UNDERGROUND FEATURES, INCLUDING BUT NOT LIMITED TO UTILITIES, ROCK FORMATIONS, ETC. THIS SITE DESIGN SHALL NOT BE USED FOR CONSTRUCTION PURPOSES AND LESSEE SHOULD CONTACT AND OBTAIN A UTILITY LOCATOR SERVICE PRIOR TO COMMENCING CONSTRUCTION TO AVOID SERVICE OBSTRUCTION TO OTHER USERS AND INJURY OR DEATH.

PROPOSAL	DESCRIPTION
SITE NUMBER	278031
SITE NAME	ALLEN WOODS WI WISCONSIN

DRAWN BY:	V. KATA
DATE DRAWN:	10/13/12
CUSTOMER:	CHEQUAMEGON
COLLOCATION NO.:	512016

LEGEND	
⊗	GROUNDING TEST WELL
A/C	AIR CONDITIONING UNIT
AV	AIR VENT
B	BOLLARD
C	CABINET
CS	COAX SHRROID
CFC	FIBER OPTIC CABINET
E	ELECTRICAL
F	FIBER
HH	HAND HOLE
GEN	GENERATOR
G	GENERATOR RECEPTACLE
IB	ICE BRIDGE
LC	LIGHTING CONTROL
LPG	LIQUID PROPANE GAS
M	METER
OHW	OVERHEAD WIRE
P	POWER
PB	PULL BOX
PP	POWER POLE
T	TELCO
TRN	TRANSFORMER
W	WATER VALVE
---	BUFFER
----	GROUND SPACE (LEASE AREA)
----	EASEMENT

DIMENSIONS NOT VERIFIED BY LICENSED SURVEYOR

SHEET TITLE:	SITE PLAN LAYOUT
SHEET NUMBER:	SITE AIDED BY
SP-1	EL5
	DN
	9/7/2012