

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

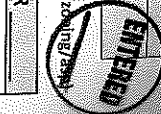
**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 Date Stamp Received: **JAN 01 2013**
 Bayfield Co. Zoning Dept.

Permit #:	13-0003
Date:	1-7-13
Amount Paid:	\$125
Refund:	1-7-13

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 FILE FOR THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/ask)



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

Owner's Name: Chequamegon Communications Cooperative, Inc. Mailing Address: PO Box 67 City/State/Zip: Cable, WI 54821 Telephone: _____
 Address of Property: 65625 Forested, 2233 City/State/Zip: MASON, WI 54856 Cell Phone: _____
 Contractor: TRD Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Keith A. Nyman Agent Phone: 704-5375 Agent Mailing Address (include City/State/Zip): 316 WATER ST. LAKE MILLS, WI Written Authorization Attached: Yes No

PROJECT LOCATION: SW 1/4, NE 1/4 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section 29, Township 47 N, Range 7 W Town of: KEYSTONE Lot Size: _____ Acreage: _____

Legal Description: (Use Tax Statement) 04-098-2-47-07-29-1-01-000-1000 Recorded Document: (i.e. Property Ownership) Volume: _____ Page(s): _____

Shoreland 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? Yes No

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: _____ feet 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
\$15,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
<input type="checkbox"/>	with Loft	(X X)	
<input type="checkbox"/>	with a Porch	(X X)	
<input type="checkbox"/>	with (2 nd) Porch	(X X)	
<input type="checkbox"/>	with a Deck	(X X)	
<input checked="" type="checkbox"/>	with (2 nd) Deck with Attached Garage	(X X)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
<input checked="" type="checkbox"/>	Mobile Home (manufactured date) _____	(X X)	
<input type="checkbox"/>	Addition/Alteration (specify) <u>replace existing w/ new ANTEPARKS</u>	(X X)	
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>ADDRESS EQUIPMENT IN EXIST SHED</u>	(X X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X X)	
<input type="checkbox"/>	Special Use: (explain) _____	(X X)	
<input type="checkbox"/>	Conditional Use: (explain) _____	(X X)	
<input type="checkbox"/>	Other: (explain) _____	(X X)	

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 and the signature of authorization must accompany this application.)
 Authorized Agent: Keith A. Nyman Date 12.26.12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.)
 Address to send permit 316 WATER ST. LAKE MILLS, WI 53551-1634 Attach
 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- show Location of:
- (1) Show / Indicate:
 - (2) Show Location of (*):
 - (3) Show:
 - (4) Show:
 - (5) Show any (*):
 - (6) Show any (*):
 - (7) 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 CONSTRUCTION DRAWINGS PROVIDED**

(Handwritten mark)

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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	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 owner's expense.
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 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.

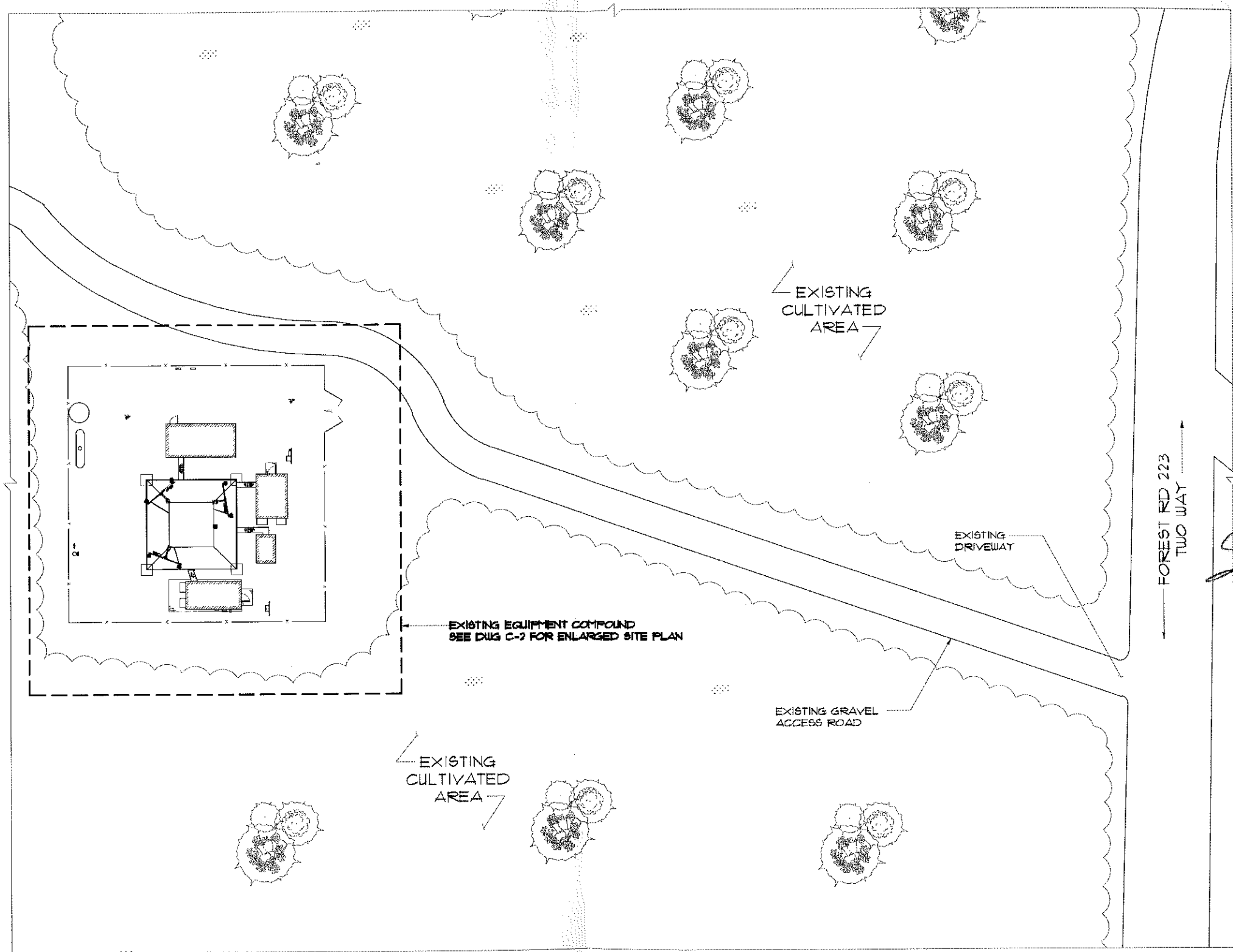
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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 Dwelling: 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 #: 13-0003	Permit Date: 1-7-13			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (bead of record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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: MITIGATED SITE WAS EXAMINED & FOUND OK FOR CONSTRUCTION. ALL NEIGH STAKEOUTS LANDS DELETED BY DELETED.	Permit No. 13-0003	Inspected by: DK	Zoning District: (F-1)	Date of Re-Inspection:
Date of Inspection: 1-2-13			Lakes Classification: (-)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)				
Signature of Inspector: (Signature)	Date of Approval: 1-5-13			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

- ABBREVIATIONS**
- AC UNIT AIR CONDITIONER
 - AGL ABOVE FINISHED FLOOR
 - AGL ABOVE GRADE LEVEL
 - AGL ABOVE MEAN SEA LEVEL
 - APPROXIMATE
 - AWG AMERICAN WIRE GAUGE
 - BUILDING
 - COLUMN
 - CONCRETE
 - CONDUIT
 - DC DIRECT CURRENT
 - DWG DRAWING
 - EGG EQUIPMENT GROUND BAR
 - ELEC ELECTRICAL
 - ELEV ELEVATION
 - EMT ELECTRICAL METALLIC TUBING
 - EQUIP EQUIPMENT
 - (E) EXISTING
 - RND FOUNDATION
 - FT FOOT (FEET)
 - GALV GALVANIZED
 - GND GROUND
 - GPS GLOBAL POSITIONING SYSTEM
 - IN INCHES
 - LB (*) POUND(S)
 - MAX MAXIMUM
 - MFR MANUFACTURER
 - MGB MASTER GROUND BAR
 - MIN MINIMUM
 - (N) NEW
 - NOM NOMINAL
 - NTS NOT TO SCALE
 - OE/OT OVERHEAD ELECTRIC/TELCO
 - POS POSITION
 - PPC POWER PROTECTED CABINET
 - RGS RIGID GALVANIZED STEEL
 - RRL REMOTE RADIO UNIT
 - SF SQUARE FOOT
 - STL STEEL
 - TMA TOWER MOUNTED AMPLIFIER
 - TOP TOP
 - TBD TO BE DETERMINED
 - TYP TYPICAL
 - UE/UT UNDERGROUND ELECTRIC/TELCO
 - UMTS UNIVERSAL MOBILE TELECOMMUNICATIONS SYSTEM
 - VIF VERIFY IN FIELD
 - W/ WITH
 - XFMR TRANSFORMER

- SYMBOLS**
- +— CENTERLINE
 - ▭ PLATE
 - ▲ REVISION
 - WORK POINT
 - UTILITY POLE
 - ▨ BRICK
 - ▨ COMPRESSED STONE
 - ▨ CONCRETE
 - ▨ EARTH
 - ▨ GRAVEL
 - ▨ MASONRY
 - ▨ STEEL
 - +— CENTERLINE
 - - - - - PROPERTY LINE
 - - - - - LEASE LINE
 - - - - - EASEMENT LINE
 - x-x-x- CHAIN LINK FENCE
 - WOOD FENCE
 - UE- BELOW GRADE ELECTRIC
 - UT- BELOW GRADE TELEPHONE
 - OE/OT- OVERHEAD ELECTRIC/TELEPHONE
 - LA LA SECTION REFERENCE



SITE PLAN

SCALE: 1" = 40'-0" |

at&t
 930 NATIONAL PKWY
 4TH FLOOR
 SCHAUMBURG, IL 60173

Goodman Networks
 Network Knowledge. Better.
 930 NATIONAL PARKWAY
 SUITE 320
 SCHAUMBURG, IL 60173

FULLERTON
 ENGINEERING DESIGN
 9600 W. BRYN MAWR AVE.
 SUITE 200
 ROSEMONT, ILLINOIS 60018
 TEL: 847-292-0200
 FAX: 847-292-0206
 CO.# 3620-11
 www.FullertonEngineering.com

CHECKED BY:	AG		
APPROVED BY:	MB		
REV.	DATE	DESCRIPTION	INT.
A	2/5/12	50% REVIEW	LA
0	2/6/12	FINAL	DZ

WISCONSIN
 HENRY M.
 BELLAGAMBA
 36381-006
 ROSEMONT,
 IL
PROFESSIONAL ENGINEER

SITE NAME
 INO
 SITE NO.
 WI3228
 SITE ADDRESS
 68628 FOREST ROAD 223
 MASON, WI 54856

SHEET NAME
SITE PLAN

SHEET NUMBER
C-1

THIS DRAWING IS THE PROPERTY OF FULLERTON ENGINEERING CONSULTANTS, INC. IT IS FOR THE EXCLUSIVE USE OF THE CLIENT. ANY REUSE OF THIS DRAWING WITHOUT THE EXPRESSED WRITTEN CONSENT OF FULLERTON ENGINEERING CONSULTANTS, INC. IS PROHIBITED.