

ATT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Stamp (Received)
 JAN 01 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0004
 Date: 1-9-13
 Amount Paid: \$185
 Refund: 1-9-13

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: VCY AMERICA INC.
 Address of Property: 3434 W. KILBOURN AVE. MILWAUKEE, WI 53208
 City/State/Zip: MILWAUKEE, WI 53208
 Telephone: 414-935-2000
 Cell Phone: _____

Contractor: TBD
 Contractor Phone: _____
 Plumber: _____
 Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: KEITH NYMAN
 Agent Phone: 414-704-5375
 Agent Mailing Address (include City/State/Zip): 316 WATER ST. LAKE MILLS, WI 53122
 City/State/Zip: LAKE MILLS, WI 53122
 Written Authorization Attached: Yes No

PROJECT LOCATION: SE 1/4, SE 1/4
 Legal Description: (Use Tax Statement) _____
 PIN: (23 digits) 04-050-2-44-05-28-4-04-000-1000
 Recorded Document: (i.e. Property Ownership) _____
 Page(s) _____

Section: 28, Township: 49 N, Range: 5
 Town of: WASHBURN

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet

Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion <small>*Include donated time & material</small>	Project <small>(What are you applying for)</small>	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$15000	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input 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: _____
 Proposed Construction: _____ Length: _____ Width: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/> Residential Use	with Loft	() X ()	()
<input type="checkbox"/> Residential Use	with a Porch	() X ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	() X ()	()
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	() X ()	()
<input type="checkbox"/> Municipal Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) REPLACE 2 ANTENNAS DIVE ANTENNAS	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify) NEW EQUIPMENT IN SHELTER	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() X ()	()
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	() X ()	()
<input type="checkbox"/> Municipal Use	Other: (explain)	() 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.

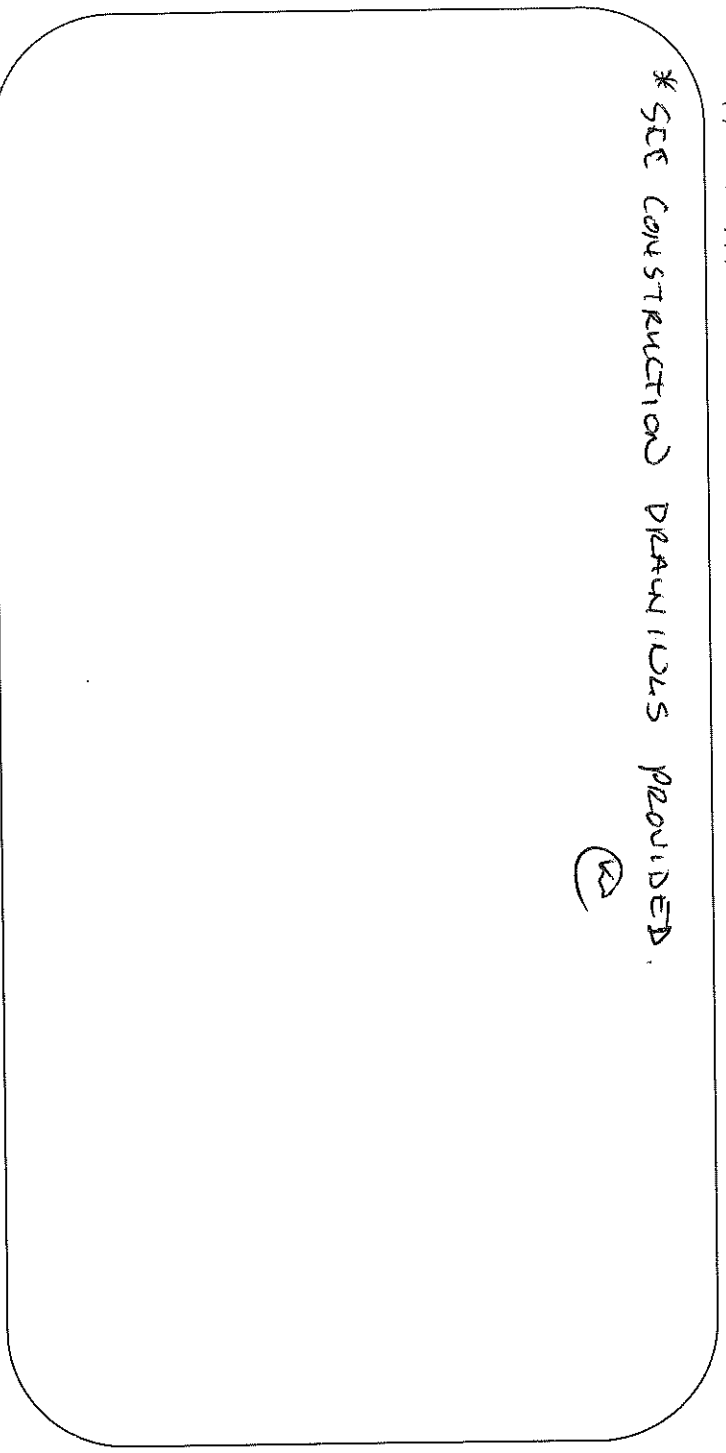
Owner(s): _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or authorize a representative to sign on behalf of the owner(s) a letter of authorization must accompany this application)
 Authorized Agent: ROBERT G. NYMAN
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 316 WATER ST. LAKE MILLS, WI 53122
 Date: 12.26.12
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Below: 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%**

*** 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 Bank or Bluff	Feet
Setback from the North Lot Line	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 Well	Feet
Setback to Septic Tank or Holding Tank	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 300 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.

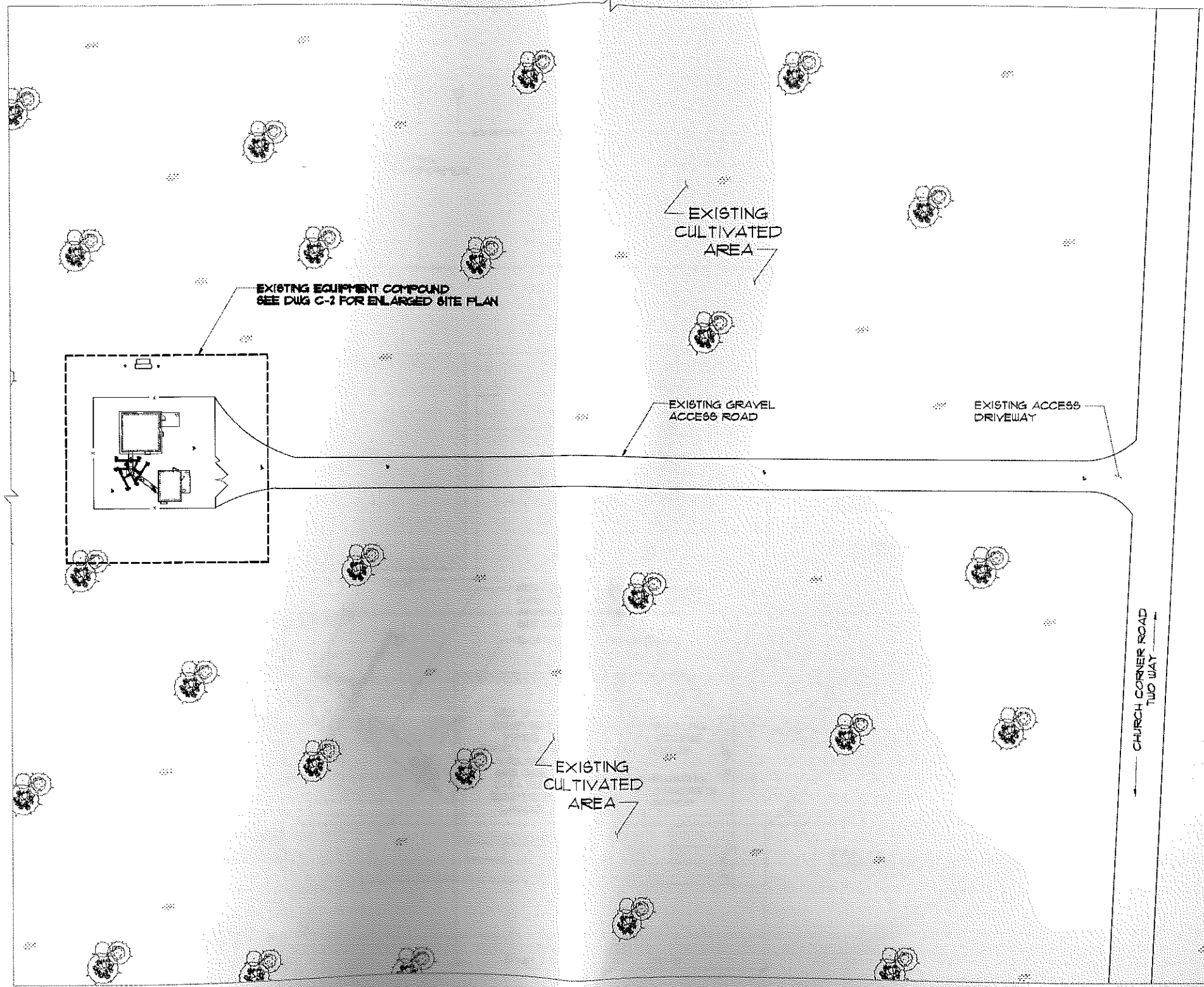
Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0004	Permit Date: 1-9-13			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous lot(s))	<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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Record: ARTS&CRAFTS SUPPLY/STANDARDS NO CHANGE AS CASE HEARD OF FOOTPRINT		
Inspection Record: ARTS&CRAFTS SUPPLY/STANDARDS NO CHANGE AS CASE HEARD OF FOOTPRINT		Zoning District	(F-1)	
Date of Inspection: 1-3-13		Lakes Classification	(-)	
Inspected by: DR		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.)				
Signature of Inspector: DR		Date of Approval: 1-3-13		
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

A/C	AIR CONDITIONER
AFF	ABOVE FINISHED FLOOR
AGL	ABOVE GRADE LEVEL
AMSL	ABOVE MEAN SEA LEVEL
APPROX	APPROXIMATE
AWG	AMERICAN WIRE GAUGE
BLDG	BUILDING
COL	COLUMN
CONC	CONCRETE
CND	CONDUIT
DC	DIRECT CURRENT
DWG	DRAWING
EGB	EQUIPMENT GROUND BAR
ELEC	ELECTRICAL
ELEV	ELEVATION
EMT	ELECTRICAL METALLIC TUBING
EQUIP	EQUIPMENT
(E)	EXISTING
FND	FOUNDATION
FT	FOOT (FEET)
GALV	GALVANIZED
GND	GROUND
GPS	GLOBAL POSITIONING SYSTEM
IN	INCHES
LB (L)	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
PFC	POWER PROTECTED CABINET
RG6	RIGID GALVANIZED STEEL
RUU	REMOTE RADIO UNIT
SF	SQUARE FOOT
STL	STEEL
TMA	TOWER MOUNTED AMPLIFIER
T/	TOP
TBD	TO BE DETERMINED
TYP	TYPICAL
UE/UT	UNDERGROUND ELECTRIC/TELCO
UMTS	UNIVERSAL MOBILE TELECOMMUNICATIONS SYSTEM
VIF	VERIFY IN FIELD
W/	WITH
XFM	TRANSFORMER

SYMBOLS

—+—	CENTERLINE
—E—	PLATE
▲	REVISION
●	WORK POINT
○	UTILITY POLE
▨	BRICK
▩	COMPRESSED STONE
▭	CONCRETE
▧	EARTH
▩	GRAVEL
▨	MASONRY
▩	STEEL
— — —	CENTERLINE
— — —	PROPERTY LINE
— · — · —	LEASE LINE
— · — · —	EASEMENT LINE
— * — * —	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" = 60'-0"

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

Goodman Networks
 930 NATIONAL PARKWAY
 SUITE 320
 SCHAMBURG, IL 60173

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

CHECKED BY:	AG		
APPROVED BY:	MB		
REV.	DATE	DESCRIPTION	INT.
A	2/15/12	50% REVIEW	LA
B	8/16/12	50% REVIEW	DZ
C	11/2/12	FINAL	DZ

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

DBS WASHBURN

SITE NO.
WI3217

SITE ADDRESS
**MAPLE & CHURCH
 CORNER RDS
 WASHBURN, WI 54891**

SHEET NAME
SITE PLAN

SHEET NUMBER
C-1

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SITE PLAN

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