

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
 Date Stamp (Received)
 APR 28 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0059
 Date: 5-9-14
 Amount Paid: \$1854.88-14
 Refund:

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: AT&T Mailing Address: 4619 N. RIVERSWOOD ST 301 CHICAGO, IL 60646 Telephone: 773-225-5712x230

Address of Property: 13690 SCHMIDT RD (WI 53203) City/State/Zip: DELUWOOD, WI 54832 Cell Phone: _____

Contractor: Will City Electric/MATTHEW OWEN Contractor Phone: 919-714-9800 Plumber: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) APPLICANT KEVIN Agent Phone: 773-225-5712x230 Agent Mailing Address (include City/State/Zip): 4619 N. RIVERSWOOD AVE SUITE 301 CHICAGO, IL 60646 Written Authorization Attached: Yes No

PROJECT LOCATION: SUB 1/4, SE 1/4 Legal Description: (Use Tax Statement) 04 0183-47-07-07-403-000-10000 P/N: (23 digits) 0183-47-07-07-403-000-10000 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 7, Township 47 N, Range 7 W Town of: Deluwood Lot Size _____ Acreage 40

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermitter) Creek or Landward side of Floodplain? If yes---continue If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue If yes---continue

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

Distance Structure is from Shoreline: _____ feet 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
\$19,000.00	<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 checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<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)	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(X)	()
<input type="checkbox"/>	with a Porch	(X)	()
<input type="checkbox"/>	with (2 nd) Deck	(X)	()
<input checked="" type="checkbox"/>	Commercial Use with Attached Garage	(X)	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	(X)	()
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	()
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	()
<input type="checkbox"/>	Accessory Building (specify)	(X)	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	()
<input type="checkbox"/>	Special Use: (explain)	(X)	()
<input type="checkbox"/>	Conditional Use: (explain)	(X)	()
<input checked="" type="checkbox"/>	Other: (explain) <u>addition of address to existing structure</u>	(X)	()

REC'D for Issuance MAY 07 2014

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: 4-28-14

(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: 4619 N. RIVERSWOOD, SUITE 301, CHICAGO, IL 60646 Copy of Tax Statement

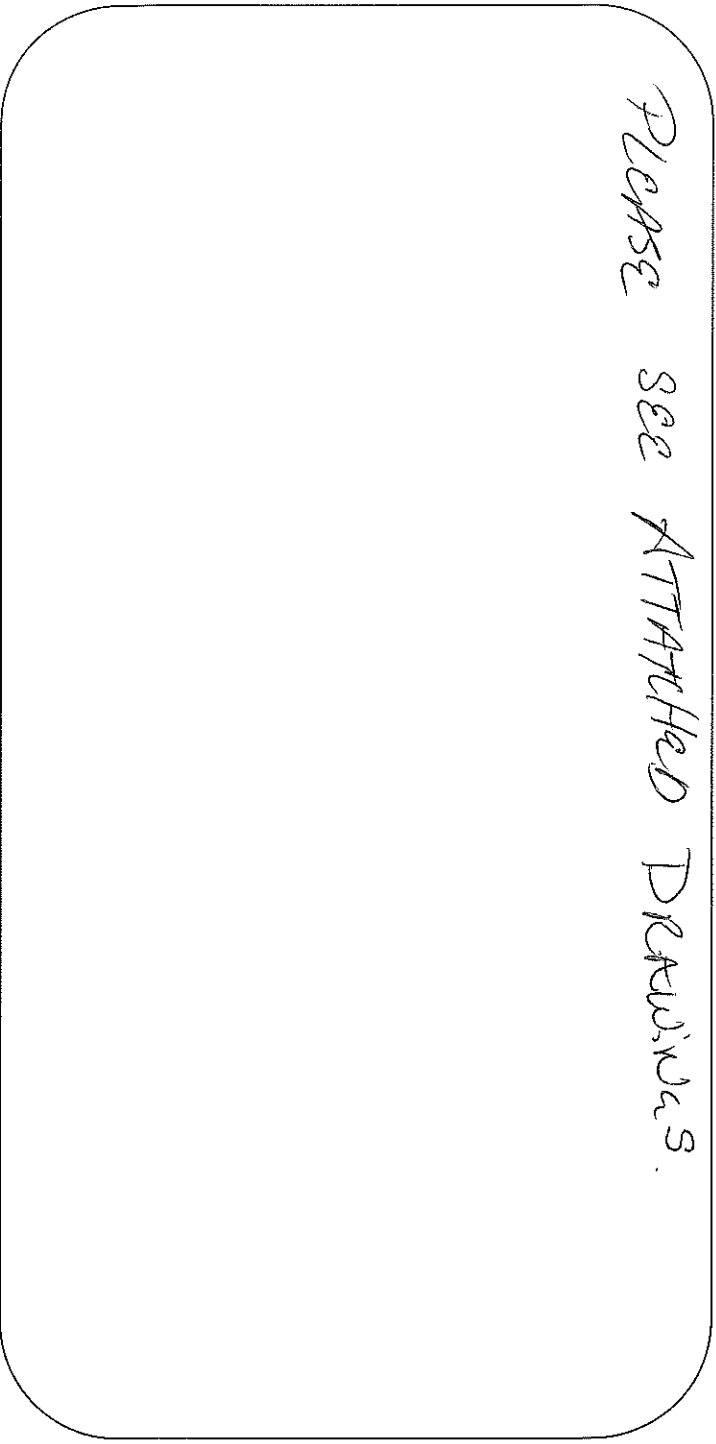
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

MILB FURTAL

box 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%**

PLEASE SEE ATTACHED DRAWINGS.



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	<i>Schwartz Rd</i> 1200± Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	600± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	600± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	1,000± Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	<i>Blue Moon Rd</i> 700± 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: _____

Permit #: *14-0059* Permit Date: *5-9-14*

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____ No (DKNo)

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) _____ No (DKNo)

Is Structure Non-Conforming Yes _____ No (DKNo)

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: *Tower is existing* Yes No Zoning District: *(F-1)*

Date of Inspection: *5-1-14* Inspected by: *Mr. Furtak* Lakes Classification: _____ Date of Re-Inspection: _____

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

are 20 minutes & affidavit. No increase in tower height.

Signature of Inspector: *Michael Furtak* Date of Approval: *5-7-14*

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

NEED CONDITIONS FROM MINUTES & AFFIDAVIT ATTACHED. CONDITIONS. DENIED. VERIFY IF FEASIBLE

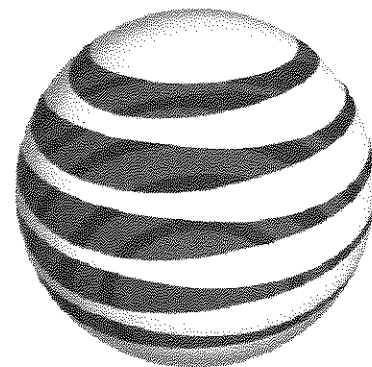
SITE NAME: ALLEN WOODS

SITE ID: WI3203

FA #: 10153737

SITE CLASS: GUYED TOWER

SITE TYPE: LTE 1C



at&t

CITY: DRUMMOND, WI

COUNTY: BAYFIELD

JURISDICTION: BAYFIELD

NO JOB IS SO IMPORTANT
& NO SERVICE IS SO
URGENT- THAT WE
CANNOT TAKE TIME TO
PERFORM OUR WORK
SAFELY

TRILEAF
PROPERTY CONSULTANTS
1821 WALDEN OFFICE SQUARE
SCHAUMBURG, IL 60173
PHONE: (708) 275-5712
FAX: (708) 275-5712
ILLINOIS PROFESSIONAL DESIGN FIRM
LICENSE NO. 184-006432
EXPIRES: 04-30-2015



Goodman Networks
6400 INTERNATIONAL PARKWAY
SUITE 1000
PLANO, TX 75093
Tel: (972) 406-9692

PRELIMINARY
NOT FOR
CONSTRUCTION

SITE NAME:
ALLEN WOODS

SITE ID:
WI3203

SITE ADDRESS:
13690 SCHMIDT RD
DRUMMOND, WI
54832

PROJECT NUMBER:
607646

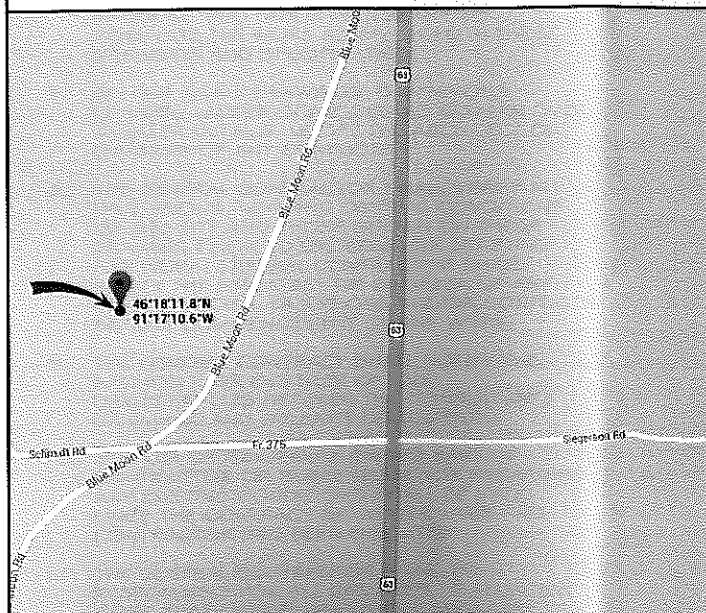
NO.	DATE	BY	REV	APP
B	02.14.2014	PRELIMINARY CD	AH	PGS
A	01.10.2014	AS-BUILT CD	JH	PGS

THESE DRAWINGS ARE FULL SIZE AND ARE SCALABLE ON 11"X 17" SHEET SIZE AND ARE NOT REDUCED IN SIZE.

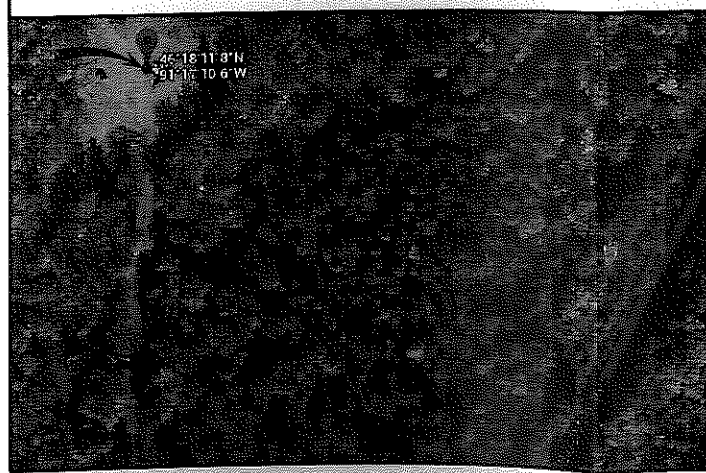
TITLE SHEET

DRAWING NUMBER:
T-1.0

LOCATION MAP



ENLARGED MAP



SITE DESCRIPTION

RFDS: WI3203, DATED 10/22/2013, REVISION V1.0
(2) EXISTING ANTENNAS TO REMAIN. (1) EXISTING ANTENNA TO BE REMOVED AND REPLACED. (1) PROPOSED LTE ANTENNA TO BE INSTALLED ON POSITION 2 OF EACH SECTOR. (1) PROPOSED LTE ANTENNA TO BE INSTALLED FOR FUTURE AT POSITION 3 OF EACH SECTOR. (6) DC POWER CABLES, (3) FIBER CABLES & (3) PROPOSED RAYCAP DEMARCATION UNITS. (3) FUTURE RAYCAP DEMARCATION UNITS TO BE INSTALLED. (1) LTE DIGITAL UNIT TO BE INSTALLED WITHIN EXISTING EQUIPMENT. INSTALL (1) GPS ANTENNA.

PROPERTY INFORMATION

SITE ADDRESS:
13690 SCHMIDT ROAD
DRUMMOND, WI. 54832

COORDINATES (NAD 83):
LATITUDE:
46°18'11.8"N
46.30329
LONGITUDE:
91°17'10.6"W
-91.28627

DRIVING DIRECTIONS:

FROM O'HARE AIRPORT:
TAKE I-190 E. TAKE THE I-294 N EXIT, EXIT 1C, TOWARD MILWAUKEE/I-90 W/ROCKFORD. MERGE ONTO I-90 W/JANE ADDAMS MEMORIAL TOLLWAY TOWARD ROCKFORD (PORTIONS TOLL). TAKE I-90 W (PORTIONS TOLL) (CROSSING INTO WISCONSIN). TAKE I-94 W TOWARD EAU CLAIRE/ST PAUL. MERGE ONTO US-53 N VIA EXIT 70 TOWARD EAU CLAIRE/SUPERIOR. TURN SLIGHT RIGHT ONTO US-63. US-63 IS 0.3 MILES PAST OAKHILL RD TURN LEFT ON PIERCE RD. PIERCE RD BECOMES SCHMIDT RD.

PROPERTY CONTACT INFORMATION:

CONTACT NAME: AMERICAN TOWER
CONTACT NUMBER: 877-282-7483

UTILITY CONTACT INFORMATION:

UTILITIES LOCATING	ELECTRIC COMPANY	PHONE COMPANY
J.U.L.I.E. 811	DAHLBERG LIGHT & POWER (715) 378-2205	AT&T (800) 257-0902

BUILDING CODES:

2009 INTERNATIONAL BUILDING CODE
2008 NATIONAL ELECTRICAL CODE
REEDCONSTRUCTIONDATA.COM

PROJECT TEAM

APPLICANT INFORMATION:



930 NATIONAL PARKWAY, 4TH FLOOR
SCHAUMBURG, ILLINOIS 60173
PHONE: 800-257-0902



6400 INTERNATIONAL PARKWAY
SUITE 1000
PLANO, TX 75093
TEL: (972) 406-9692

ARCHITECTURAL ENGINEERING FIRM:



ENVIRONMENTAL & PROPERTY CONSULTANTS
1821 WALDEN OFFICE SQUARE
SUITE 510
SCHAUMBURG, IL 60173
ILLINOIS PROFESSIONAL DESIGN FIRM
LICENSE NUMBER: 184-006432
EXPIRES: 04-30-2015

SITE ACQUISITION:



4619 N. RAVENSWOOD AVE., SUITE. 301
CHICAGO, ILLINOIS 60640
PHONE: 773-275-5712
FAX: 773-275-5713

STRUCTURAL ENGINEERING:

AMERICAN TOWER
TRILEAF CORPORATION

SHEET INDEX

SHEET #	DESCRIPTION
T-1.0	TITLE SHEET
N-1.0	GENERAL NOTES
C-1.0	OVERALL SITE PLAN
C-2.0	COMPOUND PLAN
A-1.0	ELEVATION & EQUIPMENT PLAN
A-2.0	ANTENNA LAYOUT
A-2.1	LTE PLUMBING DIAGRAM
A-3.0	SITE DETAILS
A-3.1	CONSTRUCTION DETAILS
A-3.2	LTE CROSS SECTOR REDUNDANCY FEATURE
A-4.0	COAX LABELING DETAILS
G-1.0	GROUNDING DIAGRAM
G-1.1	GROUNDING DETAILS

APPROVALS

THE FOLLOWING PARTIES HEREBY APPROVE AND ACCEPT THESE DOCUMENTS AND AUTHORIZE THE CONTRACTOR TO PROCEED WITH THE CONSTRUCTION, DESCRIBED HEREIN. ALL DOCUMENTS ARE SUBJECT TO REVIEW BY LOCAL BUILDING DEPARTMENT AND MAY CHARGE OR MODIFICATION.

NAME	DATE
LANDLORD:	
DEVELOP. MGR.:	
CONST. MGR.:	
RF ENGINEER:	
F.O.P.S.:	
SAC/ZONING REP.:	