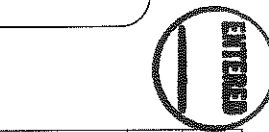


ATTN: CA: 10587501  
 SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Department  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

RECEIVED APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 JUL 29 2016  
 (Received)  
 JUL 29 2016



Permit #:	16-0242
Date:	8-2-16
Amount Paid:	\$125
Refund:	

Bayfield Co. Zoning Dept. Bayfield Co. Zoning Dept.

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: **SBA Towers** Mailing Address: **801 Congress Ave. Baraboo, FL 33487** Telephone: \_\_\_\_\_  
 Address of Property: **5619 Wilson Rd.** City/State/Zip: **MADISON, WI 53786** Cell Phone: \_\_\_\_\_  
 Contractor: **SAC Wireless** Contractor Phone: **(244) 659-8899** Plumber: **N/A** Plumber Phone: **N/A**  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
**Joe Goldsblack (SAC Wireless)** Agent Phone: **(322) 967-4303** Agent Mailing Address (include City/State/Zip): **540 W. Madison St., 1<sup>st</sup> Floor Chicago, IL 60661** Written Authorization Attached  Yes  No  
 PROJECT LOCATION: **SW 1/4, NE 1/4** Legal Description: (Use Tax Statement) **04-032-2-46-06-36-1 03-000-1000** Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) \_\_\_\_\_  
 Section **36**, Township **46** N, Range **06** W Town of: **MADISON** Lot Size \_\_\_\_\_ Acreage **40**

Shoreland  Non-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/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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>30,000</u>	<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"/> 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 checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> N/A

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: **300 Ft.**  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: **300 Ft.**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input type="checkbox"/>	with Loft	( )	( )
<input type="checkbox"/>	with a Porch	( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( )	( )
<input type="checkbox"/>	with a Deck	( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/>	with Attached Garage	( )	( )
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <b>ADD MICROWAVE DISH TO CUL FINDER</b>	( )	( )
<input type="checkbox"/>	Accessory Building (specify)	( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/>	Special Use: (explain)	( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( )	( )
<input type="checkbox"/>	Other: (explain)	( )	( )

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: Joseph Goldsblack, SAC Wireless Date July 28, 2016  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: J. Goldsblack, SAC Wireless / 540 W. Madison, 1<sup>st</sup> FL Chicago, IL 60661 If you recently purchased the property send your Recorded Deed  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

**Write a description of the 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 CONSTRUCTION DRAWINGS ENCLOSED ]

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	600 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	760 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	760 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	370 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 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>16-0248</u>	Permit Date: <u>8-2-16</u>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously/Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delimited	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>CUP-12-0237 letter of Authorization as per RB-</u> <u>see Attached emails</u>		Zoning District: <u>(A9)</u> Lakes Classification: <u>( )</u>		
Date of Inspection: <u>9-2-16</u>		Inspected by: <u>PR</u>		Date of Reinspection: Rec'd for Issuance: <u>AUG 01 2016</u>
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Secretarial Staff         </div>				
Signature of Inspector: <u>Sparks</u>	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Date of Approval: <u>9-2-16</u>

Untitled Map  
Write a description for your map.

Legend

Site

Wilson Rd

Google earth

© SPOT IMAGE  
© 2016 Google



500 ft