

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

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**  
 Date Stamp (Received)  
**FEB 03 2017**  
 Bayfield Co. Zoning Dept

**ENTERED**

Permit #:	17-0017
Date:	2-8-17
Amount Paid:	\$185 26-17
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.

*Co-Location w/ Cabernet*

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

Owner's Name: Chesnutmason Tele Coop Mailing Address: PO Box 67 City/State/Zip: Cadott WI 54824 Telephone: \_\_\_\_\_  
 Address of Property: 67085 W. Spahr Lane RD City/State/Zip: Iron River WI 54847 Cell Phone: \_\_\_\_\_  
 Contractor: TRSD Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip):  
Kat Conkie 6028603629 21016 Ferris Hill Mpls. MN 55411 Written Authorization Attached  Yes  No  
 PROJECT LOCATION: Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 19479 Recorded Deed (i.e. # assigned by Register of Deeds) Document # 356742 R \_\_\_\_\_  
 \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM 407/391 Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 18, Township A7 N, Range 8 W Town of: Iron River Lot Size \_\_\_\_\_ Acreage \_\_\_\_\_

Shoreland  Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? NO Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage NO Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 If Yes---continue → If Yes---continue →

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>\$19,000</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 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 Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: 38'  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: approx 11'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Rec'd for Issuance	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/> Residential Use <u>FEB 07 2017</u>	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/> Secretarial Staff	with Loft	( ) ( )	( )
<input checked="" type="checkbox"/> Commercial Use	with a Porch	( ) ( )	( )
<input type="checkbox"/> Municipal Use	with (2 <sup>nd</sup> ) Porch	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with Attached Garage	( ) ( )	( )
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
	Addition/Alteration (specify) <u>Autumn Platform</u>	( <u>8</u> X <u>10</u> )	<u>80 sq</u>
	Accessory Building (specify)	( ) ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
	Special Use: (explain)	( ) ( )	( )
	Conditional Use: (explain)	( ) ( )	( )
	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: Kat Conkie Date 1-31-2017  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit 2010 Ferriss Avenue Mpls. MN 55411 Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

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%

see attached Drawg.  
 - T visible to appear existing now vado equipment  
 on house & install ground mounted 8' x 10' platform

Please complete (1) - (7) above (prior to continuing)  
 (8) Setbacks: (measured to the closest point) Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	250' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	228' 6" Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	287' 1/2 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	347' 9" Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	418' 2" Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	228' 6" 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 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: N/A # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 17-0017 Permit Date: 2-8-17

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record) \_\_\_\_\_  Yes  No  
 Is Parcel in Common Ownership  Yes  No (Fused/Contiguous Lot(s)) \_\_\_\_\_  Yes  No  
 Is Structure Non-Conforming  Yes  No  
 Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.) 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: \_\_\_\_\_

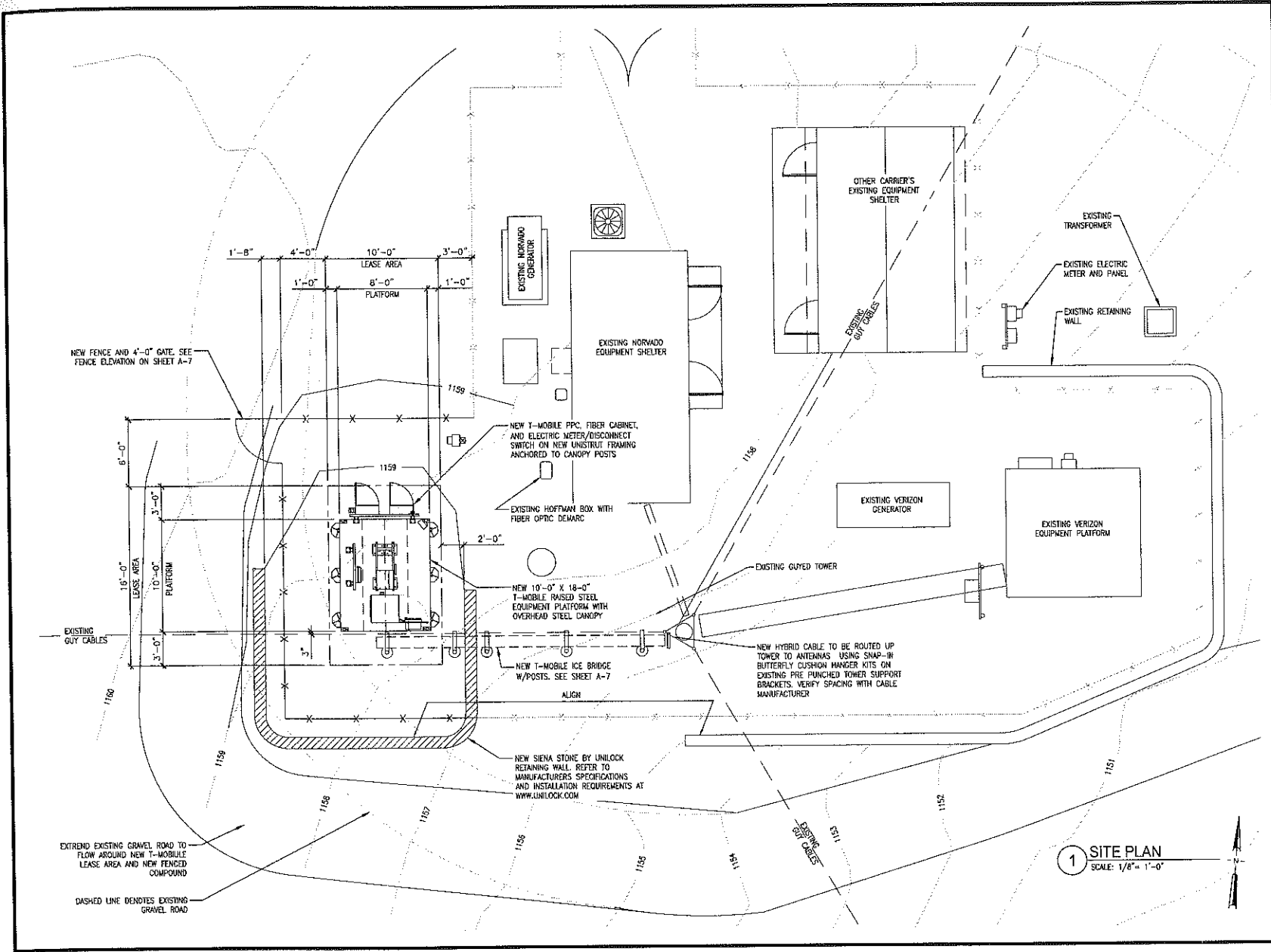
Date of Inspection: no inspection Inspected by: \_\_\_\_\_

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

Signature of Inspector: \_\_\_\_\_ Date of Approval: 2-9-17

Hold For Sanitary:  \_\_\_\_\_ Hold For TBK:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

NOTICE: This drawing and the design shown are the property of Jacobs Engineering Group, Inc. The reproduction, copying, or use of this drawing without written consent is prohibited and any infringement will be subject to legal action.



1 SITE PLAN  
SCALE: 1/8" = 1'-0"

PREPARED BY:  
**JACOBS**  
Jacobs Engineering Group, Inc.  
1700 SHERWIN AVENUE  
DES PLAINES, IL 60018  
PHONE: 773-380-3828  
FAX: 773-693-0850

DESIGN REVISIONS			
NO.	DATE	REVISIONS	BY
C	12/04/16	ISSUED FOR REVIEW	
B	11/02/16	ISSUED FOR REVIEW	
A	11/08/16	ISSUED FOR REVIEW	

PREPARED FOR:  
**T-Mobile**  
T-MOBILE CENTRAL LLC  
8000 W 78th STREET, SUITE 400  
EDINA, MN 55439

SITE NUMBER: A1N0955A	
SITE NAME: IRON RIVER TOWER	
PREPARED BY: A. REICCARD	APPROVED BY: A. REICCARD
DESIGNED BY: A. REICCARD	PROJECT NO.: EUKR102
DATE: 12/02/16	
SHEET NAME: SITE PLAN	
SHEET NUMBER: A-5	