

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

AT&T PA: 10153735

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 MAR 17 2017

ENTERED
 Permit #: 17-0012
 Date: 4-26-17
 Amount Paid: \$185 3-17-17
 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 Bayfield Co. Zoning Dept.

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

Owner's Name: Joe Goldswack - SAC Wireless (for AT&T)
 (Former owner: American Tower Co.)
 Address of Property: 22605 KASCADIA ROAD
 City/State/Zip: CORNULCOPIA / WISCONSIN / 54827

Contractor: SAC WIRELESS
 Contractor Phone: (812) 967-4303
 Plumber: N.A.

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Joe Goldswack
 Agent Phone: (517) 648-0023
 Agent Mailing Address (include City/State/Zip): 540 W. MADISON ST., 17TH FLOOR CHICAGO, IL 60661

PROJECT LOCATION: NE 1/4, NE 1/4
 Gov't Lot: 1
 CSM: 846
 Vol & Page: 5, 341
 Lot(s) No.:
 Block(s) No.:
 Subdivision:
 Section 15, Township 50 N, Range 06 W
 Town of: BELL

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

Recorded Document: (i.e. Property Ownership)
 Volume: _____
 Pages: _____

Lot Size: _____
 Acreage: 5.973

Value at Time of Completion: \$30,000
 *include donated time & material

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> N.A.
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)
 Proposed Construction: _____
 Length: _____ Width: 325'
 Length: _____ Width: 325'

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

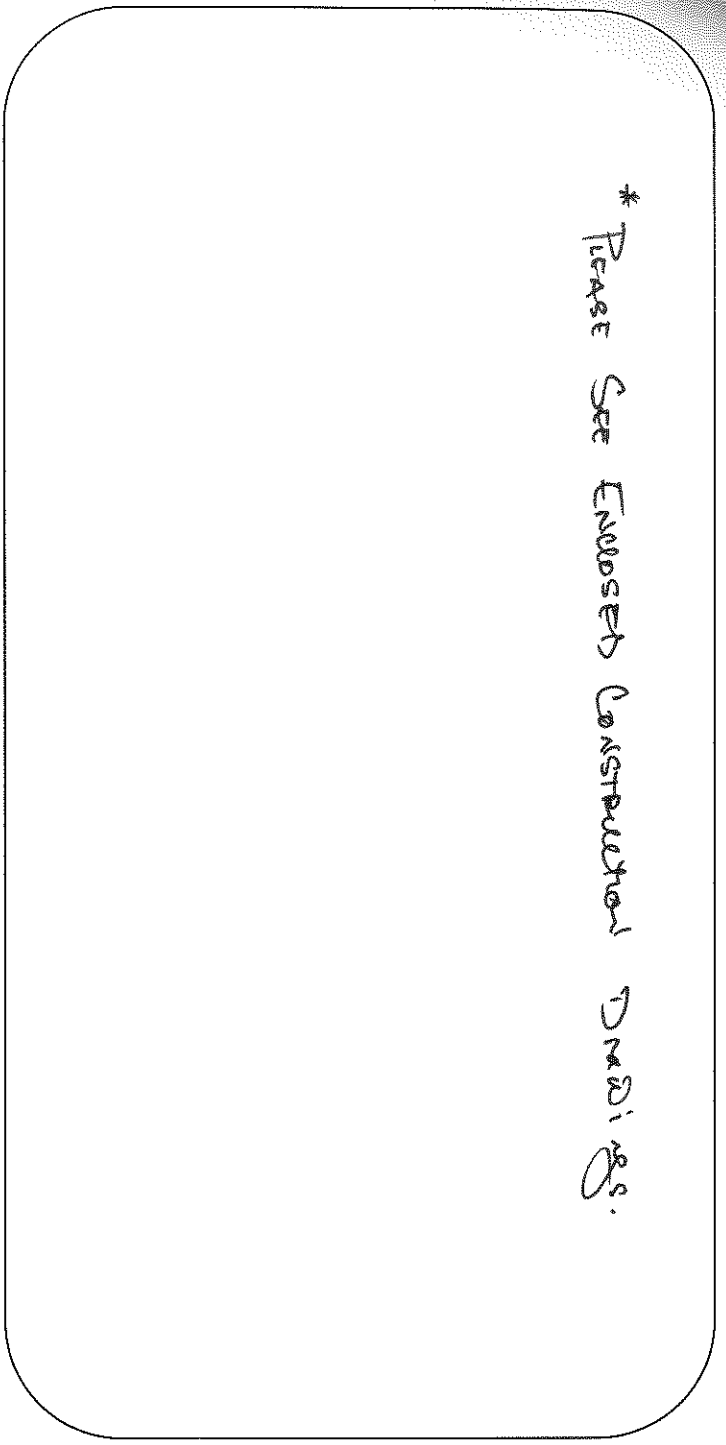
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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.

Owners: I See Enclosed Letter of Authorization
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Joe Goldswack - SAC Wireless
 Date: March 16, 2017
 Address to send permit: Joe Goldswack, 540 W. Madison St. 17th Floor Chicago, IL 60661
 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 ENCLOSED CONSTRUCTION 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	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	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		

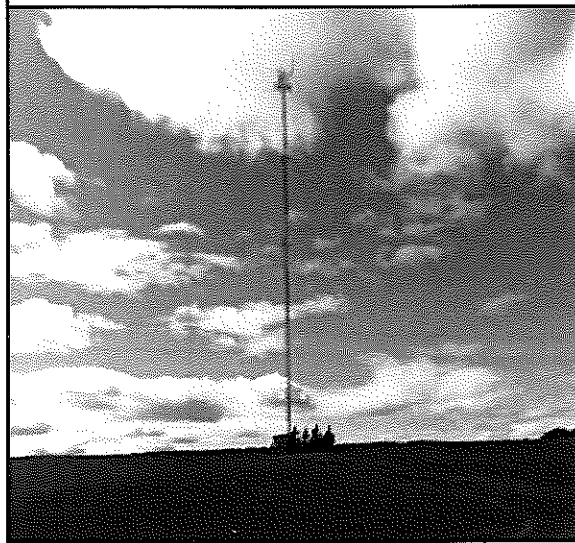
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's 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).

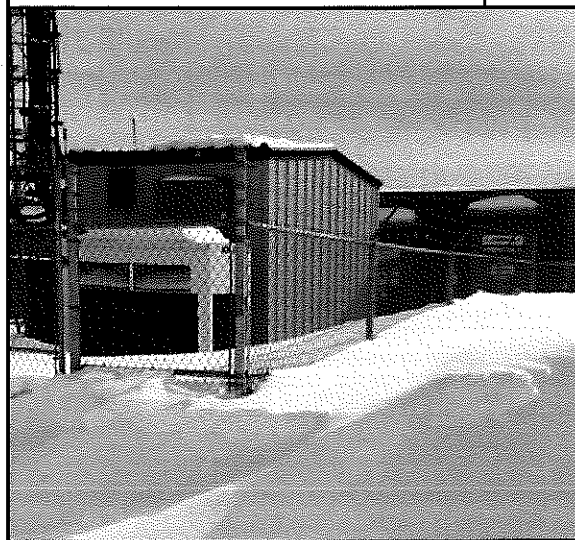
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-00272		Permit Date: 4-26-12			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous lots)	<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 #:	Previously/Granted by Variance (B.O.A.)		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 Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Inspection Record:	DYSHING SPOUTAGE		
Date of Inspection:	NOT INSPECTED	Inspected by:	CANDORINA ANTHONY		Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If No they need to be attached)			
Signature of Inspector:	Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
Signature of Inspector:	Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
Date of Approval:	4-24-12				

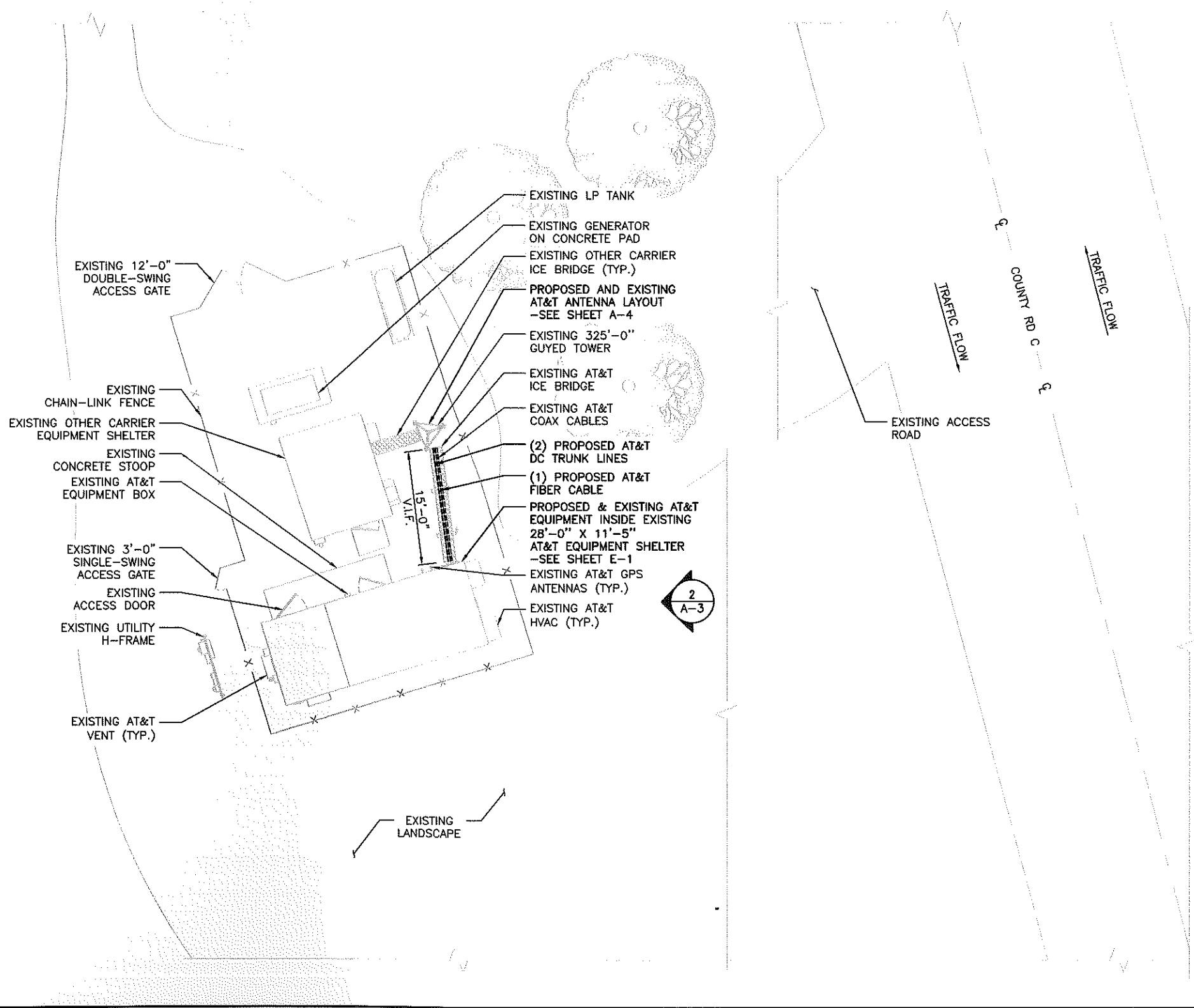
THE INFORMATION CONTAINED IN THIS SET OF CONSTRUCTION DOCUMENTS IS PROPRIETARY BY NATURE. ANY USE OR DISCLOSURE OTHER THAN THAT WHICH RELATES TO CARRIER SERVICES IS STRICTLY PROHIBITED.



SITE PHOTO 3



SITE PHOTO 2



COMPOUND PLAN 1

WISCONSIN
 MADHAN KUMAR KANTHA SAMY
 E-44857-6
 ASHLAND CITY, TN
 PROFESSIONAL ENGINEER
 DATE: 02/14/17
 I HEREBY CERTIFY THAT THESE PLANS WERE PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY REGISTERED ENGINEER UNDER THE LAWS OF THE STATE OF WISCONSIN

CARRIER:

 930 NATIONAL PARKWAY, 4TH FLOOR
 SCHAUMBURG, IL 60173

PLAN PREPARED FOR:

 540 W. MADISON ST.
 17TH FLOOR
 CHICAGO, IL 60681
 WWW.SOCW.COM
 312.885.4977

PLAN PREPARED BY:

 LETS America, Inc.
 112 S. KYRENE RD. STE. 1
 CHANDLER, AZ 85226
 ARIZONA: 480-961-9151
 LETS PROJ. #: ATT-IL-236

1C
 10153735
 CORNUCOPIA
 22665 KASENO ROAD
 CORNUCOPIA, WI 54827

REV.	DATE	REVISIONS DESCRIPTION	INITIALS
0	02/17/17	FOR CONSTRUCTION	GMC
A	02/14/17	90% CD's	SPP

NOT FOR CONSTRUCTION UNLESS LABELED AS CONSTRUCTION SET

SHEET TITLE
 COMPOUND PLAN & SITE PHOTOS

SHEET NUMBER
 A-1

0 2' 4' 8' SCALE: 1/8"=1'-0" (22x34)
 (OR) 1/16"=1'-0" (11x17)