

SUBMIT COMPLETED APPLICATION, TAX
 \$74.38 FEE AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received)
 Bayfield Co. Zoning Dept.
 MAY 19 2014

Permit #:	14-0078
Date:	5-23-14
Amount Paid:	\$855.14
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: Cable Natural History Museum
 Address of Property: 13470 Coonty Hwy M
 City/State/Zip: Cable, WI 54821
 Mailing Address: P.O. Box 416
 City/State/Zip: Cable, WI 54821
 Telephone: 715-380-0515
 Cell Phone: 798-3890

Contractor: self
 Contractor Phone: _____
 Plumber: _____
 Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Bill McKinney
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip):
715-380-0515 P.O. Box 96 Cable
 City/State/Zip: Cable
 Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
1/4, 1/4
 Gov't Lot _____, Lot(s) _____, CSM _____, Vol & Page _____, Lot(s) No. _____, Block(s) No. _____
 Subdivision: Assessors Plat #2
 Recorded Document: (i.e. Property Ownership) Volume 234 Page(s) 65

Section 18, Township 44 N, Range 7 W, Town of: Cable
 Lot Size _____, Acreage 49

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue No

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If yes---continue No

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

Distance Structure is from Shoreline: _____ feet
 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
\$ 5,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input 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 checked="" 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 type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 24 Width: 12 Height: 10

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 nd) Deck	()	()
<input type="checkbox"/>	with a Deck	()	()
<input checked="" 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 type="checkbox"/>	Addition/Alteration (specify) _____	()	()
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Bird House - New</u>	(<u>12 x 24</u>)	<u>288</u>
<input type="checkbox"/>	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): Dr. McKinney Date 5-15-14
 (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 Same as above Attach _____
 Copy of Tax Statement _____
 If you recently purchased the property send your Recorded Deed _____
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- 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 attachment

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	120ft	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	100ft	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	80ft	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Setback from Wetland	NA
Setback from the West Lot Line	5ft	Setback from 20% Slope Area	NA
Setback from the East Lot Line	NA	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	NA	Setback to Well	50ft
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

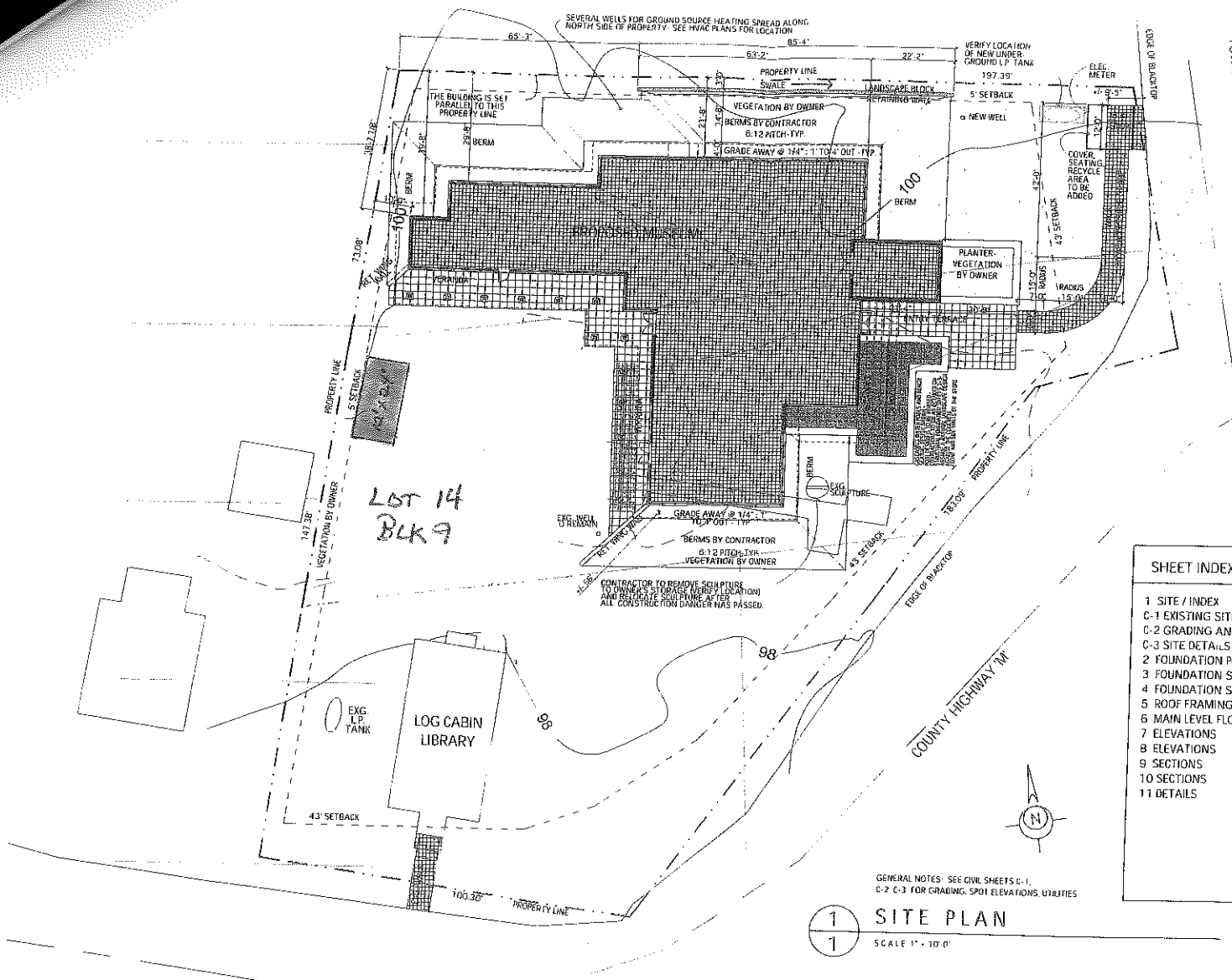
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's 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)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0078	Permit Date: 5-23-14					
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
Inspection Record: well staked! Meets all setbacks! Date of Inspection: 5-22-14 Inspected by: M. Furtak Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No they need to be attached. May not be used for human habitation. No water under pressure in structure.	Signature of Inspector: Michael Furtak Date of Re-Inspection: 5-23-14					
Hold For Sanitary: <input type="checkbox"/> _____ Hold For TBA: <input type="checkbox"/> _____ Hold For Fees: <input type="checkbox"/> _____ Hold For Affidavit: <input type="checkbox"/> _____						



LOT 14
BLK 9

LOG CABIN
LIBRARY

CONTRACTOR TO REMOVE SCULPTURE
TO OWNER'S STORAGE AREA (SEE LOCATION)
AND RELOCATE SCULPTURE AS PER
ALL CONSTRUCTION DANGER HAS PASSED.

GENERAL NOTES: SEE CIVIL SHEETS C-1,
C-2 C-3 FOR GRADING, SPOT ELEVATIONS, UTILITIES

1
1 SITE PLAN
SCALE 1" = 10' 0"

SHEET INDEX	
1	SITE / INDEX
C-1	EXISTING SITE PLAN
C-2	GRADING AND EROSION CONTROL
C-3	SITE DETAILS
2	FOUNDATION PLAN
3	FOUNDATION STRUCTURAL DETAILS
4	FOUNDATION STRUCTURAL DETAILS
5	ROOF FRAMING / STRUCTURAL
6	MAIN LEVEL FLOOR PLAN
7	ELEVATIONS
8	ELEVATIONS
9	SECTIONS
10	SECTIONS
11	DETAILS

NOT FOR CONSTRUCTION-FOOTING REVIEW PDF'S

Natural History Museum
13470 Co. Hwy 'M' Cable, WI 54821
Town of Cable, Bayfield County

BLAKE
ARCHITECTURE

1
SHEET INDEX

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)
MAY 19 2014
 Bayfield Co. Zoning Dept.

Permit #:	14-00899
Date:	5-23-14
Amount Paid:	\$755.19-14
Refund:	

No permits will be issued until all fees are paid.
 Fees are payable to: Bayfield County Zoning Department.

HOW DO I FILL OUT THIS APPLICATION (visit our website: www.bayfieldcounty.org/zoning.asp)

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

Owner's Name: David Belcar Ohnstedt
Mailing Address: P.O. Box 365 Black Earth, WI 53515
Telephone: Cell Phone: 608 306-2881
 Plumber Phone: 306-2881

Address of Property: X Trail Inn Rd.
City/State/Zip: Cable WI 53481
Contractor: SELE
Contractor Phone: _____
Plumber: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) P1N- (23 digits) 04-012-2-43-07-04-3 02-000-3000-0000 Volume 1120 Page(s) 559
 Section 4, Township 43 N, Range 7 W
 Town of: Cable
 Lot Size: _____ Acreage: 8.70

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interstream) Creek or Landward side of Floodplain?
 If yes--continue If no--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage
 If yes--continue If no--continue

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

Value at Time of Completion * Includes 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
\$ 10,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input 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 Specify Type: _____ <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 checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> No

Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction:

Length: 30 Width: 26 Height: 14
 Length: 30 Width: 26 Height: 14

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 Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	Bunhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify) garage	(26 X 30)	780
	Accessory Building Addition/Alteration (specify)	() X ()	
	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

I (we) declare that this application (including any attachments) is true and correct and that I (we) further acknowledge that I (we) am (are) responsible for the details and accuracy of the 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 acting on the 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): David Belcar Ohnstedt
 Date: 5-15-14

Authorized Agent: (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: _____

Address to send permit: same as above
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Show location of:
 Show/Indicate:
 (1) Show Location of (*): North (N) on Plot Plan
 (2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 (3) Show: All Existing Structures on your Property
 (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

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	100 Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	603 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	100± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	450± Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	450± 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.

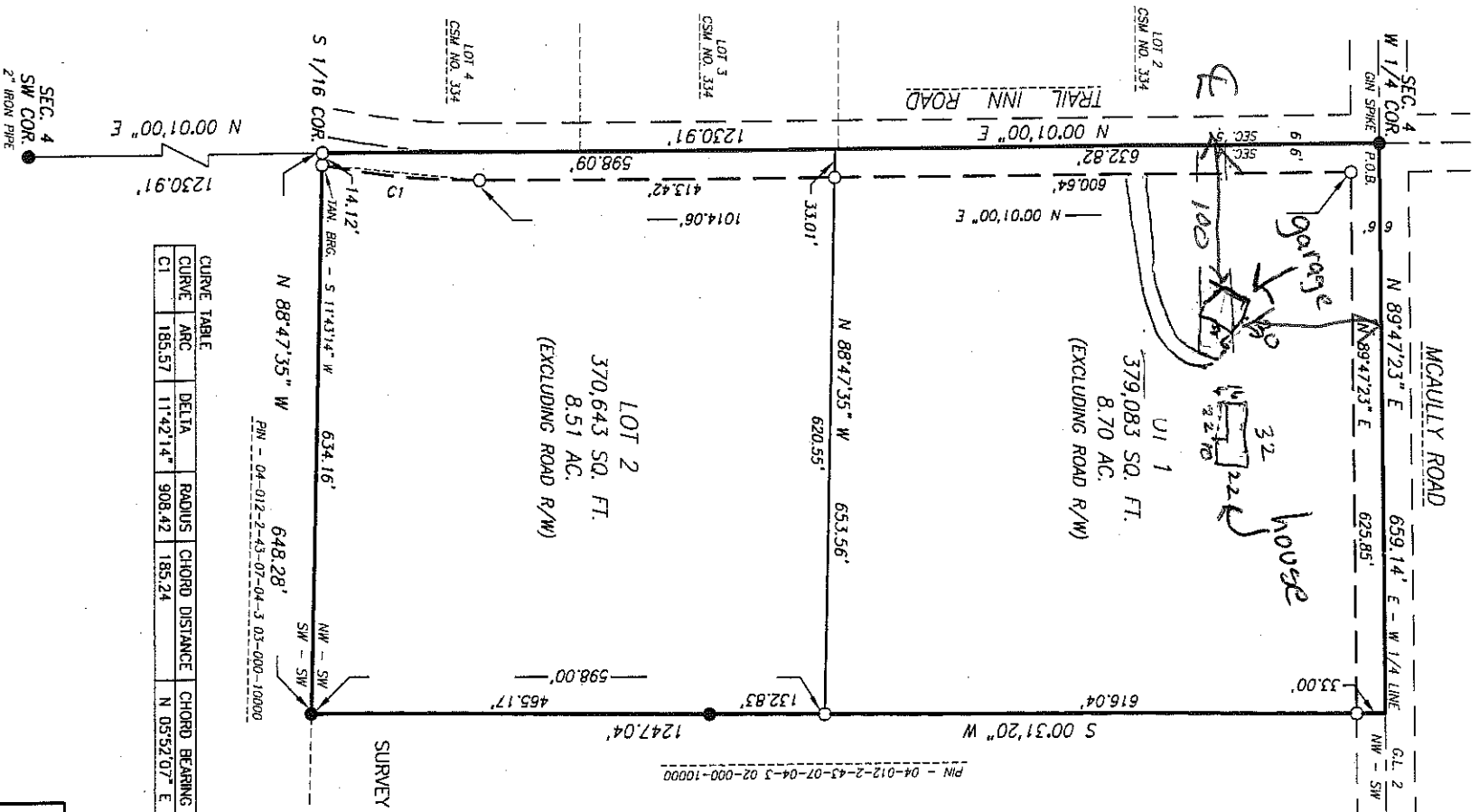
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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)		Sanitary Number:	# of bedrooms:	Sanitary Date:				
Permit Denied (Date):		Reason for Denial:						
Permit #: 14-0079		Permit Date: 5-23-14						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit 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	Case #:				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:						
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Inspection Report:	Well staked. Metal all set back.							
Date of Inspection:	5-23-14	Inspected by:	M. Fuchs					
Condition(s): Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-If No they need to be attached.						
No water under pressure in structure. May not be used for human habitation.								
Signature of Inspector:	Michael Fuchs						Date of Approval:	5-23-14
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>	

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 18417
 LOCATED IN THE NW 1/4 - SW 1/4, SECTION 4, T. 43 N., R. 7 W., IN
 THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN



CURVE	ARC	DELTA	RADIUS	CHORD DISTANCE	CHORD BEARING
C1	185.57	11°42'14"	908.42	185.24	N 05°52'07" E

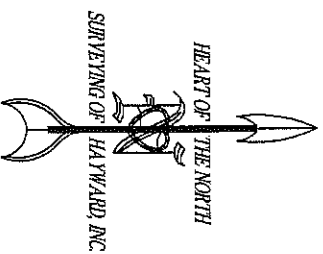
LEGEND
 ● FOUND 1-1/4" IRON PIPE, UNLESS NOTED
 ○ 1-1/4" (OD) x 18" IRON PIPE SET,
 WEIGHT = 1.68 LB/FT
 () RECORDED DATA

CLIENT: GEORGE SANDSTROM
 JOB NO: H13/062
 DRAWN BY: JRM
 DATE: JUN 26, 2013
 NR. 399/Pc. 16
 SCALE: 1" = 200'

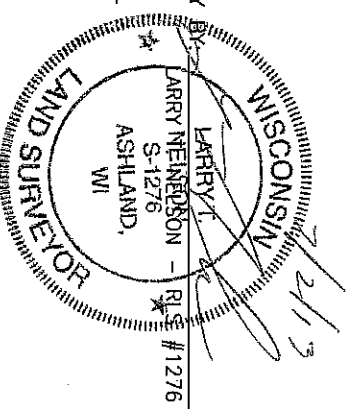
**HEART OF THE NORTH
 SURVEYING OF HAYWARD, INC.**

PH: 715/634-2442
 FAX: 715/634-6444
 10339 N. DUFFY ROAD
 HAYWARD, WI 54843
 WWW.HONSURVEYING.COM

BEARINGS ARE REFERENCED TO
 THE WEST LINE OF THE SW 1/4 OF
 SECTION 4, BEARING N 00°01'00" E



TOTAL AREA
 749,726 SQ. FT.
 17.21 AC.
 (EXCLUDING ROAD R/W)



SCALE: ONE INCH = 200 FEET
 200 0 200

PAGES: 2
 RECORDING FEE: 30.00
 TF EXEMPT #: 07/03/2013 11:36AM
 2013R-550326
 PATRICIA A OLSON
 BAYFIELD COUNTY, WI
 REGISTER OF DEEDS

Vol. 11.05m Pg 41-42