

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

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.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 JUL 24 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-00978
 Date: 7-27-15
 Amount Paid: \$910
 Return: 7-27-15

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

Owner's Name: Scott Kins
 Address of Property: 4539D, Tranks Innd
 City/State/Zip: Cable WI 54821
 Telephone: 320 5883
 Cell Phone: 6663

Contractor: Myself
 Contractor Phone: _____
 Plumber: _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, SW 1/4
 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-612-2-43-07-04-3 02-000-3200
 Gov't Lot: 2 Lot(s) CSM: 1817 Vol & Page: 11/41 Lot(s) No.: _____ Block(s) No.: _____
 Section: 4, Township: 93 N, Range: 7 W Town of: Cable
 Recorded Document: (i.e. Property Ownership) Volume: 110 Page(s): 666

Is Property/Land within 300 feet of River, Stream (incl. intermittent) _____ Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage _____ 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
\$20,000	<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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structures: (if permit being applied for is relevant to it) Length: 18 Width: 28 Height: 504
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) Mobile Home (manufactured date) _____	(X) (X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____ Accessory Building (specify) Garage Accessory Building Addition/Alteration (specify) _____	(X) (18 x 28) (X)	 504
Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(X) (X) (X)	
JUL 27 2015			
Secretarial Staff			

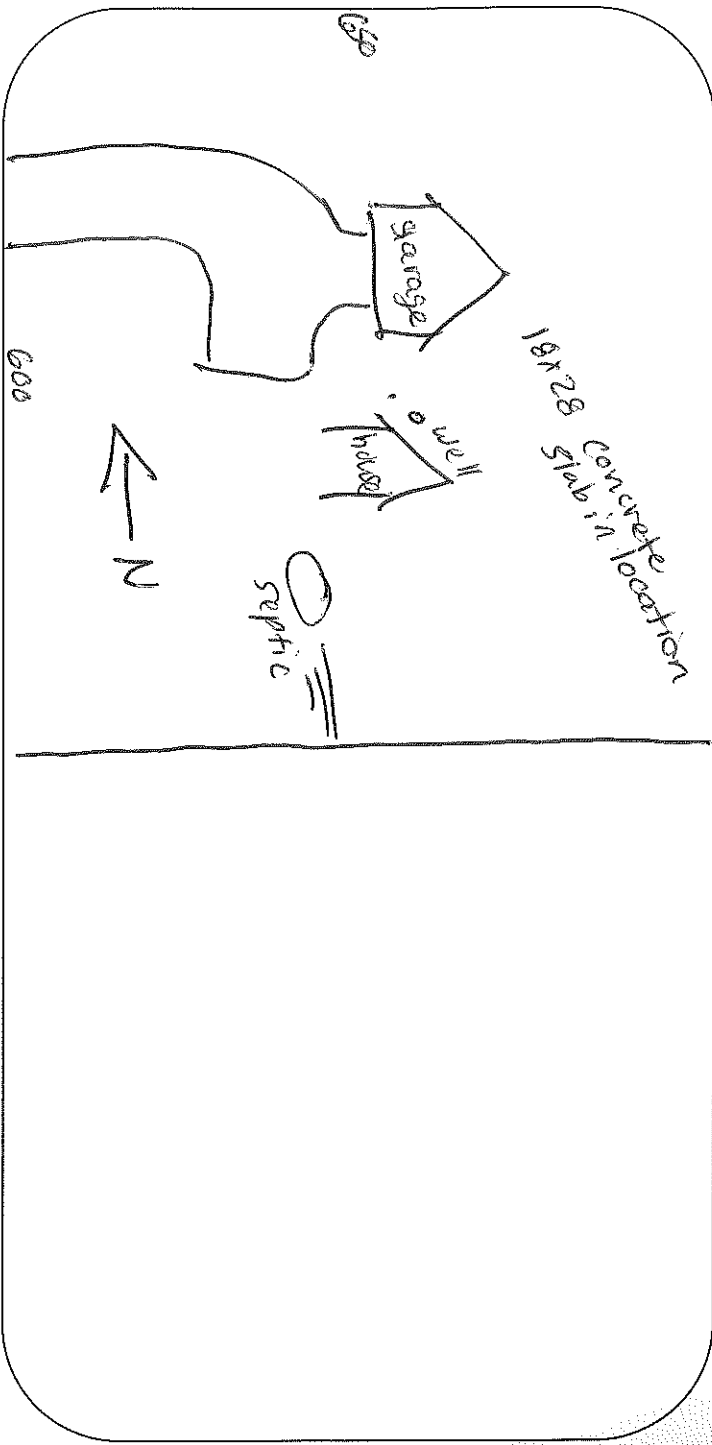
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 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): [Signature]
 (If there are multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: July 23 2015

Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____
 Date: _____
 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): 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: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	300 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	350 Feet	Setback from the River/ Stream/ Creek	NA Feet
Setback from the North Lot Line	275 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	325 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	350 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	50 Feet
Setback to Drain Field	150 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.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 15-0978 Permit Date: 7-27-15

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/contiguous lots) No 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 No No
 Was Proposed Building Site Delineated Yes No No No

Inspection Record: _____ Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Date of Inspection: 7/24/15 Inspected by: A. Rowley Zoning District (FI) _____
 Conditions(s) Town, Committee or Board Conditions Attached? Yes No (if No they need to l
 Lakes Classification () _____

Signature of Inspector: A. Rowley Date of Approval: 7/24/15

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

May not be used for human habitation. No water under pressure in structure.

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 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date stamp (Indicate day)
 JUL 24 2015
 Bayfield Co. Zoning Dept.

ENTERED Permit #
 Date: 7-28-15
 Amount Paid: \$485
 Refund: 7-28-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
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TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Howard Community Credit Union Mailing Address: PO, Box 876 City/State/Zip: Cable, WI 54821 Telephone: _____
 Address of Property: 43620 US Hwy 63 City/State/Zip: P.O. Box 876 Cell Phone: _____
 Contractor: Ludvigsen Construction Contractor Phone: 715-314-0449 Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-314-0449 Agent Mailing Address (include City/State/Zip): 1017129 Spur Rd Sheldon, WI 57264 Written Authorization Attached Yes No
 Self Ludvigsen PIN: (23 digits) 04- _____ Recorded Document: (i.e. Property Ownership) Volume _____ Pages _____
 PROJECT LOCATION: Legal Description: (Use Tax Statement) _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 _____ 1/4, _____ 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____
 Section 18, Township 43 N, Range 02 W Town of: Cable Lot Size _____ Acreage .1

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue \rightarrow Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue \rightarrow 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>170,000</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 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <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 type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City 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"/> Commercial Use	<input 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 a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	<input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X)	<input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>)
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input checked="" type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> X) <input type="checkbox"/> X) <input checked="" type="checkbox"/> 18 X 22) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X)	<input type="checkbox"/>) <input type="checkbox"/>) <input checked="" type="checkbox"/> 264) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>)
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X)	<input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>)
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X)	<input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>)
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X)	<input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>)
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X) <input type="checkbox"/> X)	<input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>) <input type="checkbox"/>)

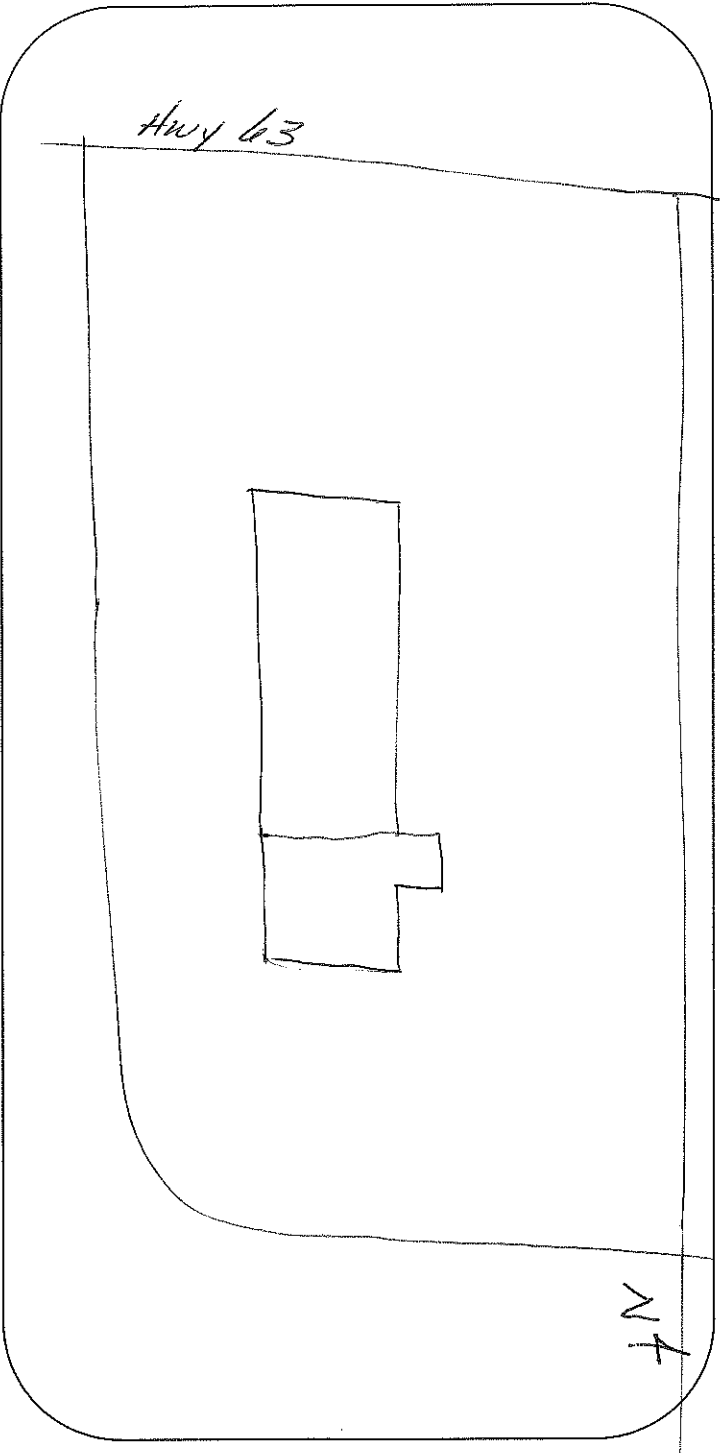
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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: Boetho Bone Member Savers Rep Date 7/23/15
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach _____
 Address to send permit: _____ Copy of Tax Statement If you recently purchased the property send your Recorded Deed

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 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	140 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	108 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	36 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	33 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	37 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	43 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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.

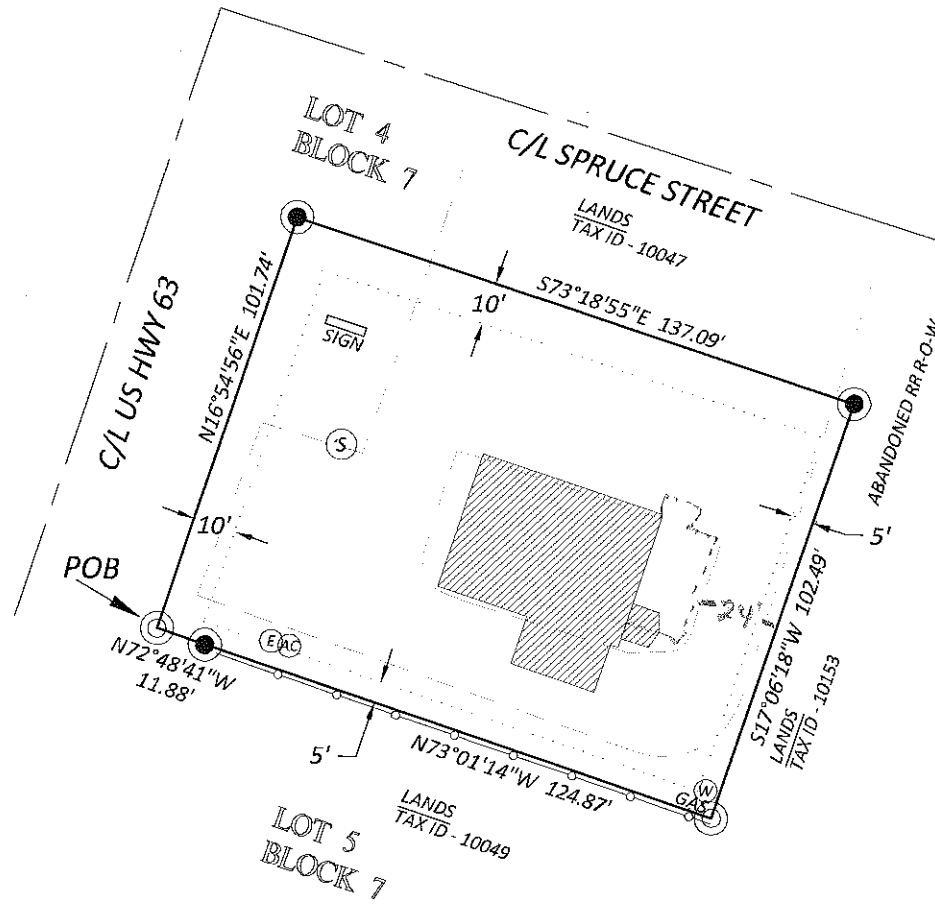
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <i>NA</i>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <i>7-28-15</i>		
<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 Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				
Date of Inspection: <i>7/23/15</i>	Inspected by: <i>JKR</i>	Zoning District: <i>(C)</i>	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.) <i>MUST meet Commercial UDC Requirements</i> <i>MUST meet Set Back Requirements</i>				
Signature of Inspector: <i>J. K. R.</i>	Date of Approval: <i>7/23/15</i>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

MAP OF SURVEY

THIS IS A RETRACEMENT SURVEY OF LOTS 4 & 5, BLOCK 7, ASSESSOR'S PLAT #2, RECORDED DEED VOL. 865, PG. 703 & 705, LOCATED IN THE SE1/4 - NW1/4 OF SECTION 18 - T43N - R07W, TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN.



LOT 1
 13,983.86 SQFT
 0.32 ACRES

LEGEND

- FOUND 1" OD. IRON PIPE
- FOUND 1 1/2" OD. IRON PIPE
- SEPTIC VENTS
- WELL
- ELECTRIC PED
- AIR CONDITION UNIT
- STRUCTURES
- EDGE OF BLACK TOP
- BUILDING SETBACKS

I, TODD C. GOOLD, A REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY THAT THIS MAP IS A CORRECT REPRESENTATION OF THE LAND SURVEYED UNDER THE DIRECTION OF CLIFF WILLIAMS, HAYWARD CCU

TODD C. GOOLD
 REGISTERED LAND SURVEYOR
 WISCONSIN REG# S-2469
 APRIL 21ST, 2016

BEARINGS ARE REFERENCED TO THE EASTERLY LINE OF BLOCK 4 & 5, ASSESSOR'S PLAT #2, TOWN OF CABLE, SECTION 18, T43N - R07W - S17°06'18"W BAYFIELD COUNTY GRID, HPGN "HARR" NAD 83(2011)



DESCRIPTION:
 BEGINNING ON THE WEST LINE OF LOT 5, BLOCK 7 OF SAID ASSESSOR'S PLAT #2 ALSO BEING THE EASTERLY R-O-W OF STATE HIGHWAY 63;
 THENCE ALONG SAID R-O-W, N 16° 54' 56" E, 101.74 FEET TO THE SOUTHERLY R-O-W OF TOWN RD SPRUCE STREET;
 THENCE ALONG SAID R-O-W, S 73° 18' 55" E, 137.09 FEET TO THE WEST LINE OF THE ABANDONED CHICAGO & NORTHWESTERN RAILROAD R-O-W;
 THENCE ALONG SAID R-O-W, S 17° 06' 18" W, 102.49 FEET;
 THENCE LEAVING SAID R-O-W, N 73° 01' 14" W, 124.87 FEET;
 THENCE N 72° 48' 41" W, 11.88 FEET TO THE POINT OF BEGINNING.

SUBJECT TO ALL EXISTING EASEMENT AND RESERVATIONS.

Point North
 INC.
 GIS/Geo Applications, Consulting, Land Surveys,
 Hydrographic Surveys, Bathymetric Surveys &
 Site Planning Services
 715.699.6817
 INFO@POINTNORTH.MD.COM

CLIENT: HAYWARD COMMUNITY CREDIT UNION
 SCALE: 1 INCH = 20'
 DATE: 4/21/2015
 FILE: 184307.dwg

