

**BAYFIELD COUNTY
UNDERSIZED SYSTEM AFFIDAVIT**

This Space Reserved for Recording Data
Return To: Zoning

Property Owner _____ **Contractor** _____

Address _____ **Authorized Agent** _____

_____ **Agent's Telephone** _____

Telephone _____ **Written Authorization Attached:** Yes () No ()

Accurate Legal Description involved in this request:

_____ **1/4 of** _____ **1/4 of Section** _____ **Township** _____ **N. Range** _____ **W. Town of** _____

G. Lot _____ **Lot** _____ **Block** _____ **Subdivision** _____ **CSM #** _____

Volume _____ **Page** _____ **of Deeds** _____ **Parcel I.D. #** _____ **Acreage** _____

Additional Legal Description: _____

(I) (WE) _____, **plan to build or add an additional bedroom to the building at the above named location. The present private sewage system has been working satisfactorily as far as disposing of wastes. (I) (WE) acknowledge that the addition will result in an undersized sewage system. If the present private sewage system does fail, it will be replaced with one that is code complying.**

Subscribed and sworn to before me

This _____ **Day of** _____, **200** _____

Notary Public: _____

Bayfield County, Wisconsin

My Commission Expires: _____

(Owner(s) Signature)

(Date)

(Drafted By)