

SUBJECT: 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
 RECEIVED
 Date Stamp (Received)
 SEP 13 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0319	ENTERED
Date:	9-20-13	
Amount Paid:	\$75	
Refund:	9-16-13	

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: Kent & Elaine Adams Mailing Address: N 3994 Deep Lk. Rd. Sarona, WI 54870 Telephone: 715 469-3272

Address of Property: 44015 Wald Rd. City/State/Zip: Cable, WI 54831 Cell Phone: 612 812-4548

Contractor: SELF Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot _____ Lot(s) 1 CSM 1804 Vol & Page 10, 324 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 7, Township 43 N, Range 7 W Town of: Cable Lot Size _____ Acreage 8

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

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

Distance Structure is from Shoreline: 75ft feet Yes No

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
\$ 6,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/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 Specify Type: <u>CONVERT</u>	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONVERT</u>	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for, is relevant to it) Length: 20' Width: 17' Height: 14'

Proposed Construction: _____ Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/> with Loft	() X ()	
	<input type="checkbox"/> with a Porch	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>SECRETARY PORCH</u>	(17 X 20)	340
	<input type="checkbox"/> Accessory Building (specify) _____	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	() X ()	
SEP 20 2013	<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____	() X ()	

FARURE 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): [Signature] [Signature] Date 9-12-13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

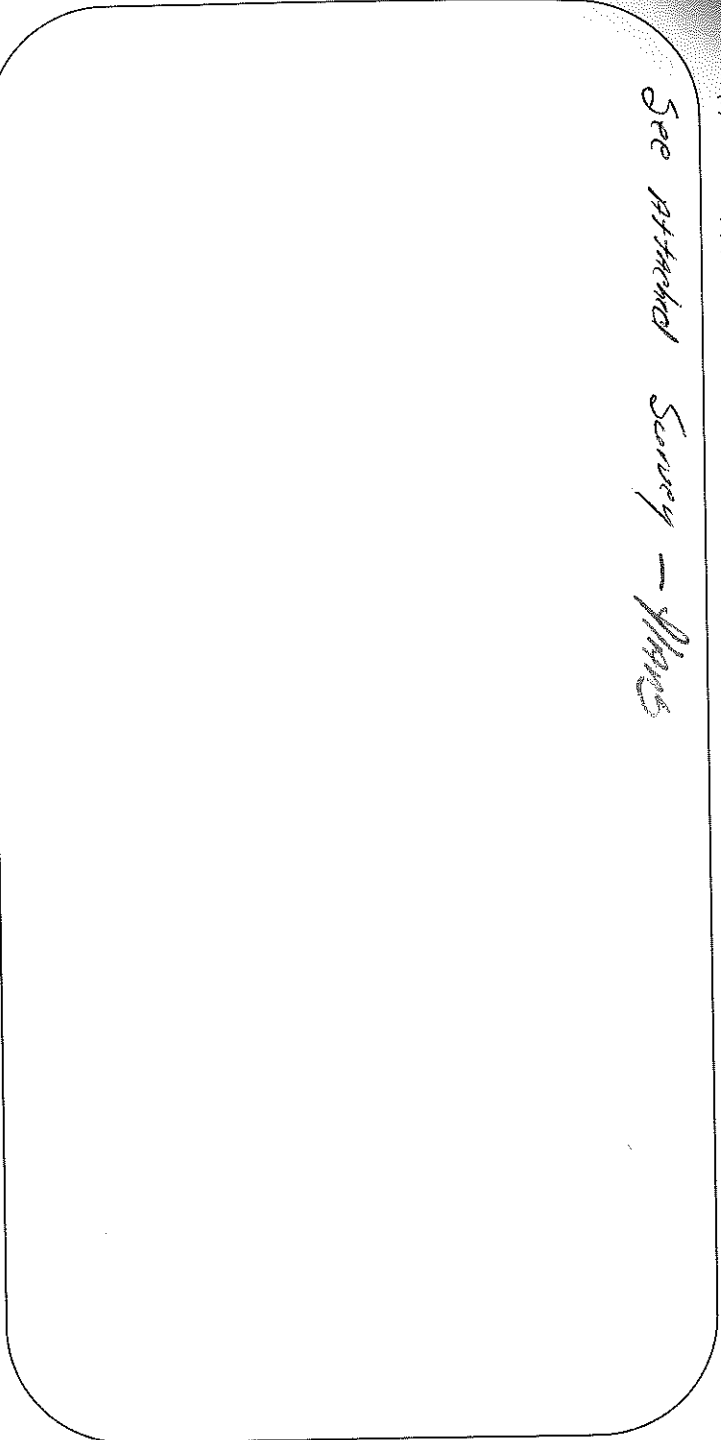
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above
 Attach Copy of Tax Statement V
 If you recently purchased the property send your Recorded Deed

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

- 175.
- (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 Survey - Plans



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	600 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	650 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	75 Feet	Setback from Wetland	65 Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	175 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	10 Feet
Setback to Drain Field	100 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 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: 13-915	# of bedrooms: 3	Sanitary Date: 8-28-13
Permit Denied (Date):	Reason for Denial:			
Permit #: 13-0319	Permit Date: 9-20-13			
<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 checked="" type="checkbox"/> Yes (fused/Contiguous Lots)	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>Mets all setbacks.</i>	Zoning District (R-1)	Lakes Classification (2)		
Date of Inspection: 9-19-13	Inspected by: M. Fuchs	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: <i>Michael Fuchs</i>	Date of Approval: 13			
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"/>

3LE, BAYFIELD COUNTY, WISCONSIN

PIN - 04-012-2-43-07-07-3
03-000-20000

838.42'

PIN - 04-012-2-43-08-12-4
05-003-20000

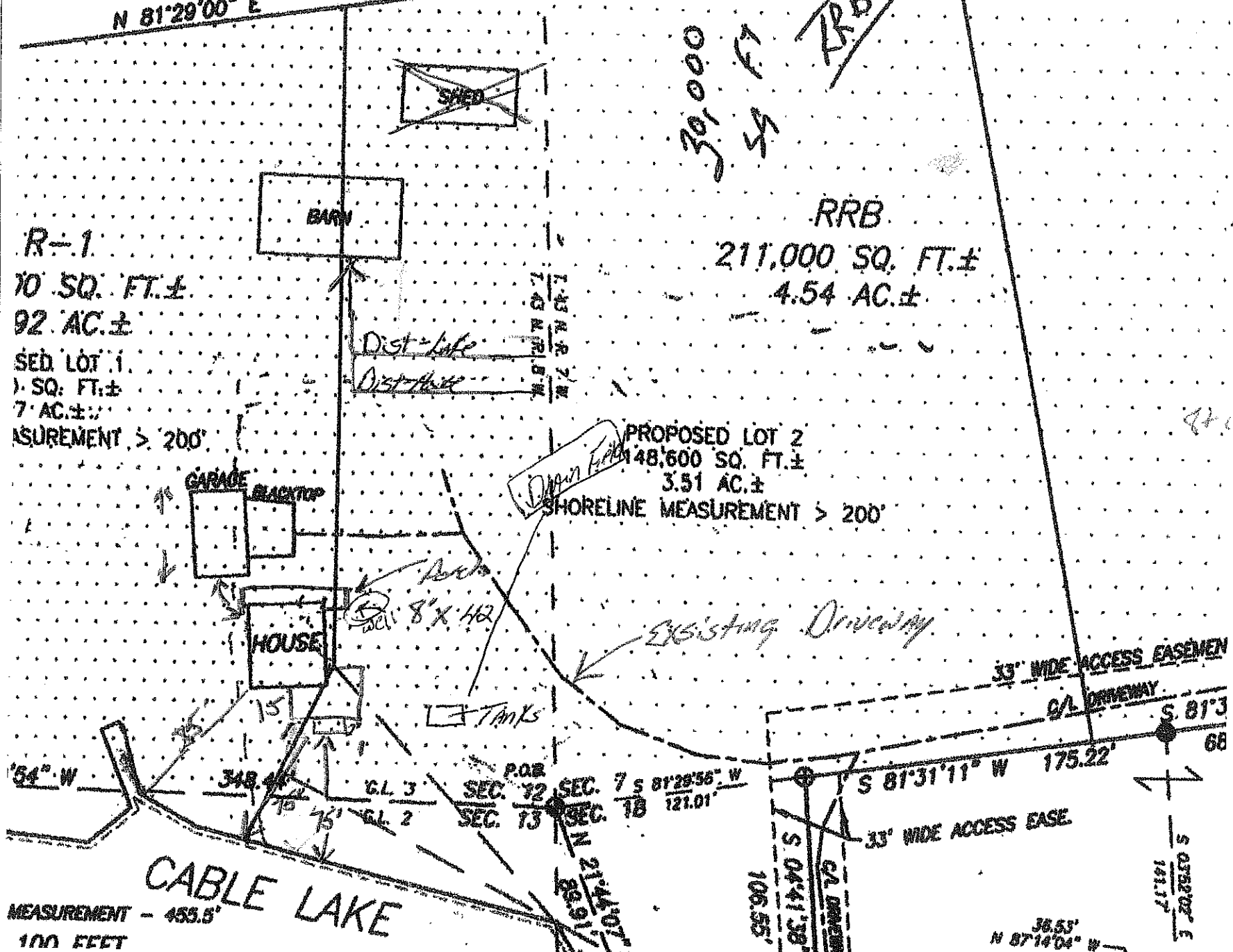
N 81°29'00" E

30,000
54 FT
RRB

R-1
70 SQ. FT. ±
92 AC. ±
SED LOT 1
1 SQ. FT. ±
7 AC. ±
MEASUREMENT > 200'

RRB
211,000 SQ. FT. ±
4.54 AC. ±

PROPOSED LOT 2
48,600 SQ. FT. ±
3.51 AC. ±
SHORELINE MEASUREMENT > 200'



MEASUREMENT - 453.5'
100 FEET

CABLE LAKE

P.O.B.
SEC. 12 SEC. 7 S 81°28'55" W
SEC. 13 SEC. 18 121.01'

S 04°41'38"
106.55'

33' WIDE ACCESS EASE

33' WIDE ACCESS EASEMENT

DRIVEWAY
S 81°3
68

38.53'
N 87°14'04" W

S 03°52'02" E
141.17'

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
 SEP 13 2013



Permit #:	13-0820
Date:	9-20-13
Amount Paid:	\$75
Refund:	9-16-13

#75



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: Levi's Shane Adams Mailing Address: 19991 Dewhurst City/State/Zip: Stroms WI 54870 Telephone: 715-469-3272
 Address of Property: 4405 Wood Rd City/State/Zip: Apple WI 54881 Cell Phone: 715-822-4518
 Contractor: SELF Contractor Phone: WI 54881 Plumber: WI 54881 Plumber Phone: WI 54881
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: WI 54881 Agent Mailing Address (include City/State/Zip): WI 54881 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) SW 1/4, SW 1/4 of 223 1804 10, 324 PIN: (23 digits) 04 013-3-43-07-07-3 03-000-30000 Recorded Document: (i.e. Property Ownership) Volume 1085 Page(s) 673
 Section 7, Township 43, N. Range 7, W. Town of: Apple Lot Size: 3 Acreage: 3

Shoreland Non-Shoreland
 Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->
 Distance Structure is from Shoreline: 257 feet Is Property in Floodplain Zone? Yes No
 Distance Structure is from Shoreline: 257 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
\$ <u>15,000</u>	<input checked="" 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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Coggy</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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 Structure: (if permit being applied for is relevant to it) Length: 42' Width: 8' Height: 16'
 Proposed Construction: Length: 42' Width: 8' Height: 16'

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	() () () () () () () ()	() () () () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>East Back - entryway</u>	()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	()	()
Rec'd for Issuance	Special Use: (explain)	()	()
SEP 20 2013	Conditional Use: (explain)	()	()
Secretarial Staff	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): Levi's Shane Adams Date: Sept 13-2013
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) authorization must accompany this application)

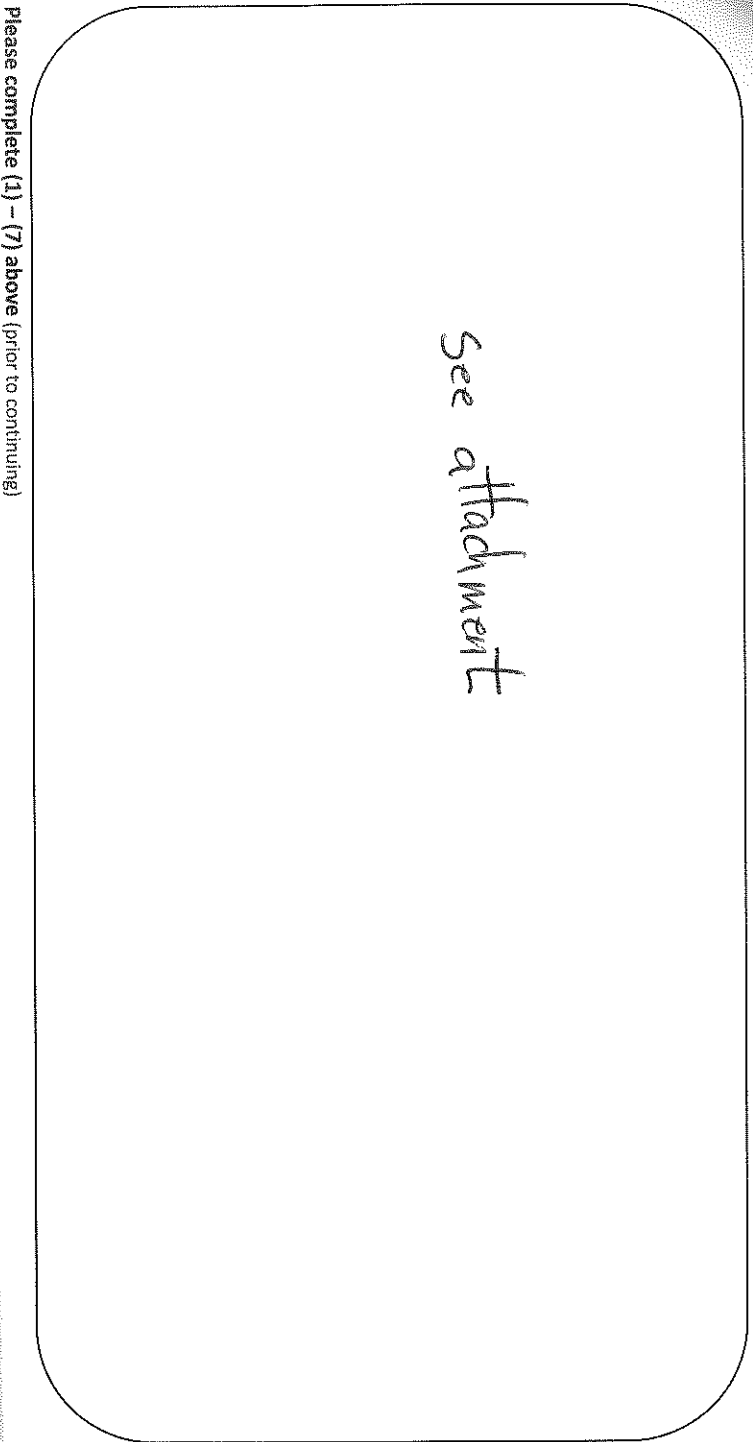
Authorized Agent: Same as above Date: Sept 13-2013
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Same as above Attach Copy of Tax Statement
 (If you recently purchased the property send your Recorded Deed)

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 (*): (*) 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)

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	1000 ± Feet	Setback from the Lake (ordinary high-water mark)	75± Feet
Setback from the Established Right-of-Way	1000 ± Feet	Setback from the River, Stream, Creek	N/A
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	250± Feet	Setback from Wetland	60± Feet
Setback from the South Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the West Lot Line	150± Feet	Elevation of Floodplain	N/A
Setback from the East Lot Line	600± Feet		
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	10 Feet
Setback to Drain Field	700± Feet		
Setback to Privy (Portable, Composting)	N/A		

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: 13-915	# of bedrooms: 3	Sanitary Date: 8-28-13
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0326	Permit Date: 9-20-13			
<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 Lots) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: <i>Meets all setbacks.</i>				
Date of Inspection: 9-18-13	Inspected by: <i>MM Furtak</i>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No (if No they need to be attached.)				
Signature of Inspector: <i>Michael Furtak</i>				Date of Approval: 9/29/13
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"/>

BLE, BAYFIELD COUNTY, WISCONSIN

PIN - 04-012-2-43-07-07-3
03-000-20000

836.42'

PIN - 04-012-2-43-08-12-4
05-003-20000

N 81°29'00" E

30,000
54 FT
RRB



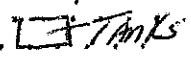
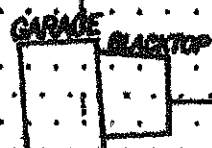
R-1
70 SQ. FT. ±
92 AC. ±
SEC. LOT 1
1 SQ. FT. ±
7 AC. ±
MEASUREMENT > 200'

RRB
211,000 SQ. FT. ±
4.54 AC. ±

Dist Lake
Dist Shore

1.43 N.R. 7' W
7.43 N.R. 8' W

PROPOSED LOT 2
148,600 SQ. FT. ±
3.51 AC. ±
SHORELINE MEASUREMENT > 200'



EXISTING DRIVEWAY

Well 8' x 142

33' WIDE ACCESS EASEMENT

CA DRIVEWAY

54° W

348.4'

GL 3
GL 2

P.O.B.
SEC. 72
SEC. 73

SEC. 7
SEC. 7B

7 S 81°29'56" W
121.01'

S 81°31'11" W 175.22'

33' WIDE ACCESS EASE

106.55'

CA DRIVEWAY

S 04°41'38"

S 01°52'02" E
161.17'

38.53'
N 87°14'04" W

CABLE LAKE

MEASUREMENT - 455.5'

100 FEET