

SUBMITT: 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 (if received)
 MAY 02 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0058
Date:	5-3-13
Amount Paid:	1000 - 5213
Return:	

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: **Kenneth E. Lindstrom** Mailing Address: **1561 Astington Ave St. Paul MN** Telephone: **651-776-1196**

Address of Property: **17575 E. Deep Lake Rd.** City/State/Zip: **1800 RIVER WI 54847** Cell Phone: **651-247-1208**

Contractor: **BRASWAY SMYGES** Contractor Phone: **MPK** Plumber: **MPK** 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: **17575 E. 1/4, S1/4** Gov't Lot: **2** Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Page(s) _____

Section **14**, Township **47** N, Range **9** W of: **Thyrites** Lot Size: _____ Acreage: **6.4**

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 \$ 41K	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				
					<input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Seasonal	<input type="checkbox"/> Municipal/City	Specify Type: CANISTERIAL	<input type="checkbox"/> City
					<input type="checkbox"/> Addition/Alteration		<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
					<input type="checkbox"/> Conversion		<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)					
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)					
		<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet					

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: **52** Width: **36** Height: _____

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.) with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse 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	(52 X 36)	(1872 Ft ²)
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
Rec'd for Issuance		() X ()	()
MAY 03 2013	Special Use: (explain) _____	() X ()	()
Secretarial Staff	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.

Owner: **Daniel & Kathleen** Date: **5/1/2013**
 (If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

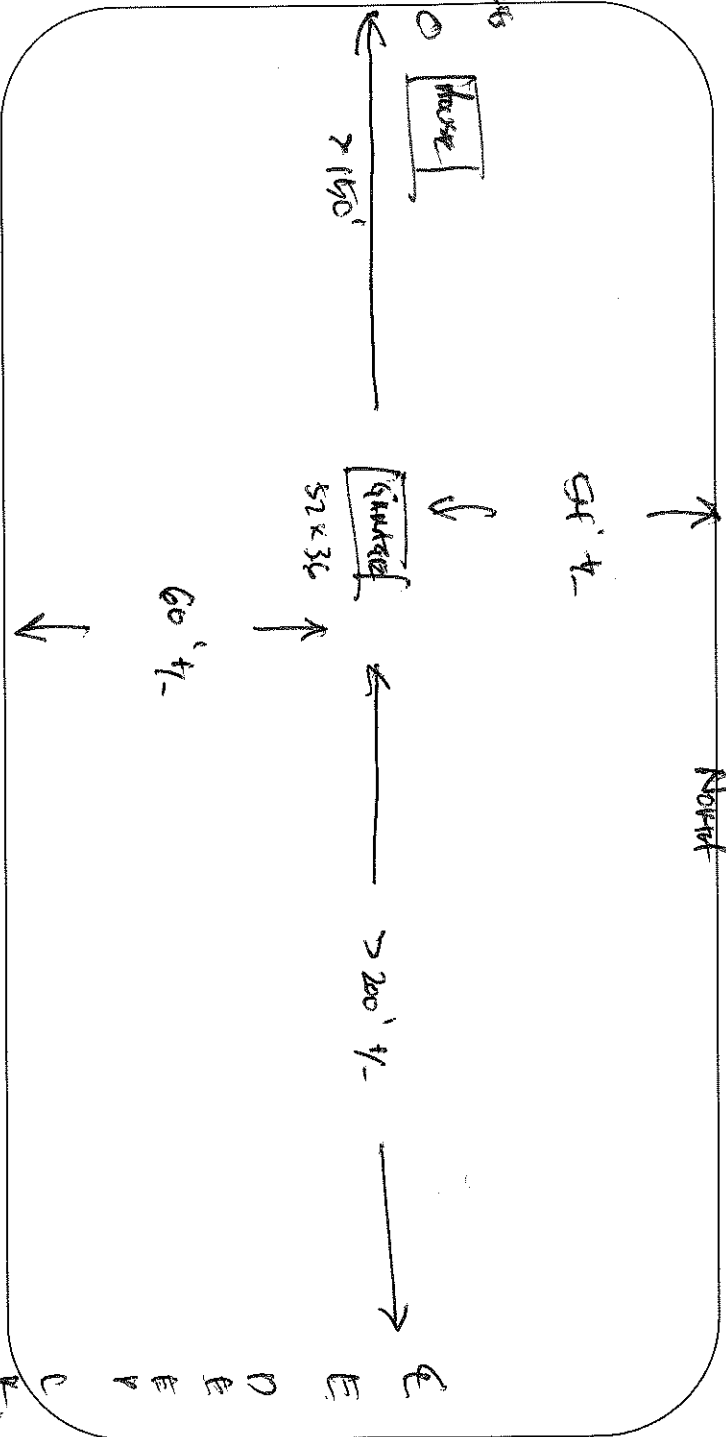
Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____ Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look 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%**



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	> 200' 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	9ft Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	9ft Feet	Setback from Wetland	Feet
Setback from the West Lot Line	> 150' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	> 200' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	> 100' Feet	Setback to Well	> 50' Feet
Setback to Drain Field	> 100' Feet		
Setback to Privy (Portable, Composting)	> 100' 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 #: 13-0058 Permit Date: 5-3-13

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Based on Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<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						

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Inspection Record: 100% SUCCESSION RECORDS AS REPRESENTED BY OWNER APPROVAL

Date of Inspection: 5-1-13 Inspected by: DL

Condition(s) Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached)

Date of Re-Inspection: _____

Signature of Inspector: [Signature] Date of Approval: 5-2-13

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

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp (received)
 MAY 03 2013
 Bayfield Co Zoning Dept.

Permit #: 13-0067
 Date: 5-9-13
 Amount Paid: \$850
 Refund: 5-3-13

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: IGOR SEREMET Mailing Address: 5603 51ST ST NW ROCHESTER, MN Telephone: 507-524-1448
 Address of Property: 67405 CO HWY A City/State/Zip: IRON RIVER, WI 54847 Cell Phone: 507-398-7190
 Contractor: SELF (IGOR SEREMET) Contractor Phone: 507-398-7190 Plumber: ALAN POKROVSKI Plumber Phone: 715-372-4156
 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: NE 1/4, SE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
Section 13, Township 47 N, Range 9 W Town of: Hopkes Lot Size: 100x200 Acreage: 0.46

Legal Description: (Use Tax Statement) PLN: (23 digits) 04-022-2-47-09-13-4 01-000-2000 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

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 -->

Non-Shoreland 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
\$ <u>60,000</u>	<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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>in-ground</u> <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 type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 20' Height: 20'
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<u>20</u> X <u>24</u>) (<u>10</u> X <u>20</u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	<u>480</u> <u>200</u> <u> </u> <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Commercial Use	<input 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 type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	<u> </u> <u> </u> <u> </u>

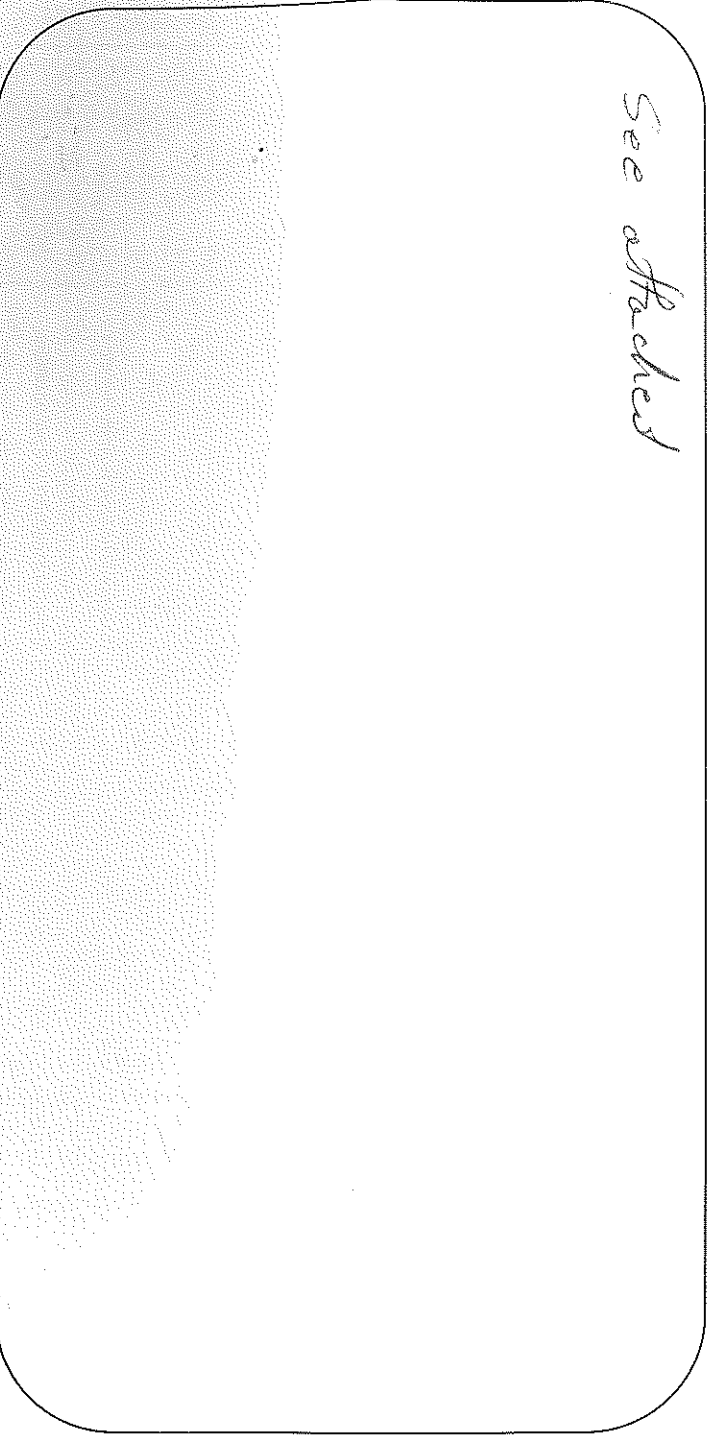
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): Igor Seremet Date: 4/30/2013
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Bilva Seest Date: _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____
 (if you recently purchased the property send your Recorded Deed)

in the box 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 Attached



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	95 Feet	Setback from the Lake (Ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	42 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	35 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	45 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	100 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	About 20 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.

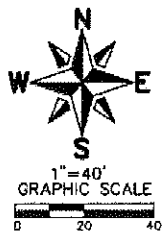
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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: 13-215	# of bedrooms: _____	Sanitary Date: 5-9-13
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 5-9-13		
Permit #: 13-0067				
<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 checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <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"/> 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"/> Was Parcel Legally Created <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 type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District <input type="checkbox"/> Lakes Classification (—)
Inspection Record: PAUSED BEQ SECTION AS VERIFIED BY OADR AGENCIES TO WAIT APPLICABLE SERVICES & RESULT MAY BE ISSUED		Date of Inspection: 5-1-13 Inspected by: CV		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached) A Different Risky Code (one) Result from the County Collaborated with (inserted) Agency MUST BE OBTAINED NOW TO THE START OF CONSTRUCTION				
Signature of Inspector: <i>[Signature]</i>	Date of Approval: 5-1-13			
Hold For Sanitary: <input checked="" type="checkbox"/> 5-1	Hold For TRA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

BAYFIELD COUNTY MAP OF SURVEY

LOCATED IN THE NE 1/4-SE 1/4, SECTION 13, T47N, R9W,
TOWN OF HUGHES, BAYFIELD COUNTY, WISCONSIN.

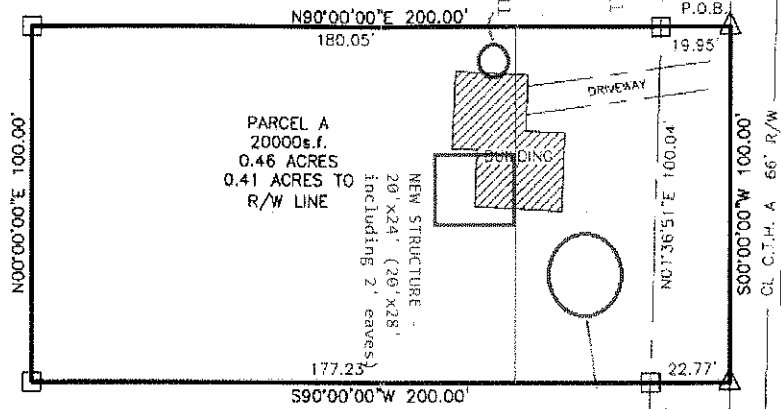


BEARINGS ARE REFERENCED TO
THE EAST LINE OF THE SE 1/4
SEC. 13, T47N, R9W
ASSUMED TO BEAR
S00°00'00"W

THIS SURVEY REPRESENTS THE PARCEL
AS DESCRIBED IN DEED DOC. #2012R-546544

LEGEND

- = SET 5/8"x1/8" SQ. IRON BAR
MIN. WT. 1.33#/LIN. FT.
- △ = COMPUTED NO MONUMENT



PARCEL A
20000s.f.
0.46 ACRES
0.41 ACRES TO
R/W LINE

NEW STRUCTURE -
20' x 24' (26' x 28'
including 2' eaves)

Indicates 42'
from R/W line

Distance from well
to septic drain
field will be at
least 50'

Septic tank with
drain field

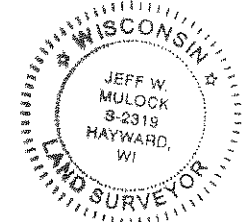
FND. 2 1/2" CAPPED
IRON PIPE
E 1/4 COR
SEC. 13-T47N-R9W

FND. 3" CAPPED
IRON PIPE
E 1/4 COR
SEC. 13-T47N-R9W

SURVEYORS CERTIFICATE:
I, JEFF W. MULOCK, WISCONSIN REGISTERED LAND SURVEYOR
HEREBY CERTIFY THAT I HAVE SURVEYED AND MAPPED THIS PLAT
OF SURVEY:
LOCATED IN THE NE 1/4-SE 1/4, SECTION 13, T47N, R9W,
TOWN OF HUGHES, BAYFIELD COUNTY, WISCONSIN.
MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCING AT THE EAST 1/4 CORNER;
THENCE S00°00'00"W 460.00' ALONG THE EAST LINE OF THE SE 1/4
TO
A POINT ON SAID LINE AT THE POINT OF BEGINNING;
THENCE S00°00'00"W 100.00' ALONG SAID LINE TO A POINT;
THENCE S90°00'00"W 200.00' TO AN IRON BAR;
THENCE N00°00'00"E 100.00' TO AN IRON BAR;
THENCE N90°00'00"E 200.00' TO THE POINT OF BEGINNING.
THE ABOVE DESCRIBED PARCEL CONTAINS 0.46 ACRES OF LAND AND IS
SUBJECT TO ALL EASEMENTS AND RESERVATIONS OF RECORD.

THIS SURVEY WAS MADE IN COMPLIANCE WITH AE-7 OF THE WISCONSIN
ADMINISTRATIVE CODE AND THAT I HAVE SURVEYED AND MAPPED THE
LAND HEREIN DESCRIBED, AND THE MAP IS A CORRECT
REPRESENTATION OF THE SURVEY MADE TO THE BEST OF MY
KNOWLEDGE AND BELIEF. THIS SURVEY WAS MADE UNDER THE
DIRECTION OF IGOR SEREMET, OWNER.

Jeff W. Mulock 01/15/13
JEFF W. MULOCK WISCONSIN LAND SURVEYOR #2319 DATE:



APEX SURVEYING
P.O. BOX 13064
HAYWARD WI 54843
715-634-3435

CLIENT
IGOR SEREMET

SHEET 1 OF 1
01/15/13
13004SER
apexsurveying@centurylink.net