AFFIDAVIT SHORELAND PROTECTION MITICATION

Legal Description: 1/4, 1/4, Section, T N, R E,		WIIIGATION	
	Tax Parcel Number:		
Lot	Legal Description:		
Subdivision Town of, Sauk County, Wisconsin Site Address: Real Property Owner(s): Return to: Sauk County Land Resources and Environment 505 Broadway Baraboo, WI 53913	1/4, 1/4, Section,	T N, R E,	
Town of, Sauk County, Wisconsin Site Address: Real Property Owner(s): Return to: Sauk County Land Resources and Environment 505 Broadway	Lot	Block	
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As an inducement to **Sauk County** to issue a Land Use Permit for the above described property, we, the owners of said property, agree to the following:

- 1. Owner(s) agree to conform to the attached mitigation plan, which was submitted as part of the application for a Land Use Permit. If the mitigation option proposed in this mitigation plan is not installed and maintained as proposed; Sauk County does have the right to revoke said permit and require removal of the structures authorized by said permit.
- 2. Owner(s) agree that removal of the structures authorized by this Land Use Permit will not void this agreement.
- 3. Owner(s) agree that the mitigation option specified in the attached mitigation plan (EXHIBIT A) shall be installed and shall remain and be preserved upon this property in perpetuity.
- 4. Owner(s) agree to allow authorized representatives of the Sauk County Land Resources and Environment Department to enter upon the owner's property described above to inspect the structure(s) authorized by this permit and to determine if the agreed upon mitigation option listed in the attached mitigation plan have been met.
- 5. The owner(s) agree that if they fail to properly install/maintain the approved mitigation plan authorized by this permit, as referenced in Exhibit A, the County, or it's Agent, shall have the right, after providing the Owner with written notice and 30 days to comply with proper installation of the mitigation plan, to enter the Property in order to conduct the proper installation specified in the mitigation plan. All costs and expenses incurred by the County in conducting such installation shall be paid for through the financial guarantee or deposit submitted by the Owner through the permitting process to insure installation of the proposed installation in accordance with the approved plans.
- 6. The owner(s) agree to submit this affidavit and attached mitigation plan and the required recording fee to the Sauk County Land Resources and Environment Department; and agree to record this agreement with the Register of Deeds in a manner, which will notify any individual referencing the deed to the property as to the existence of this agreement.
- 7. The owner(s) agree that the attached mitigation plan has been approved as part of the Land Use Permit.
- 8. The owner(s) agree that in accord with Section 8.014 and/or 8.016 of the Sauk County Shoreland Protection Ordinance, mitigation is required.
- 9. All heirs and assigns of this property are bound and obligated to maintain the mitigation per the agreed upon plan. Failure to comply with this mitigation requirement(s) may result in a violation of the current Shoreland Protection Ordinance.
- 10. This agreement may be released by the Sauk County Land Resources and Environment Department; if the property becomes compliant with the standards of the Sauk County Shoreland Protection Ordinance.
- 11. This agreement shall be binding upon the owner(s), their heirs, successors and assigns.
- 12. The owner(s) agree to follow all conditions associated with the issuance of the land use permit and provided herein:

Land Use ID:	County ID:	Date Issued:
Conditions of Permit:		
X		State of WI, County of; Subscribed and sworn
Staff Signature		before me on by the
		above named person(s).
Print or type name		
Time of type name		Notary Public
		Print or type name:
		M. Commission F. minus
		My Commission Expires:
N/		CLA CIVIT CLA
XOwner Signature		State of WI, County of; Subscribed and sworn before me on by the
Owner Signature		above named person(s).
Print or type name		
		Notary Public
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		Print or type name:
		My Commission Expires: