Owner Name:	Affidavit Shoreland Pro	
Agreement Date:	HORIZONTAL EXPANSION MITIGATION	
Tax Parcel Number:		
Legal Description: 1/4, 1/4, Section, 7 Town of, 8 Site Address:	T N, R E, Sauk County, Wisconsin	
Return to: Sauk County Conservation, Planning 505 Broadway Baraboo, WI 53913	g and Zoning	
 following: Owner(s) agree to conform to mitigation option proposed in the revoke said permit and require Owner(s) agree that removal of Owner(s) agree that the mitigate preserved upon this property in Owner(s) agree to allow author upon the owner's property destupon mitigation option listed in Conservation, Planning and Zowhich will notify any individual reference which will notify any individual reference where the owner(s) agree that the attance is required. All heirs and assigns of this procomply with this mitigation required. 	the attached mitigation plans mitigation plan is not instremoval of the structures at the structures authorized bation option specified in the perpetuity. Trized representatives of the scribed above to inspect the attached mitigation plans this affidavit and attached oning Department, and agreferencing the deed to the ached mitigation plan has bord with Section 8.009 and/ Troperty are bound and oblinitement(s) may result in a vised by the Sauk County County County Shorelan	by this land Land Use Permit will not void this agreement. The attached mitigation plan shall be installed and shall remain and the Sauk County Conservation, Planning and Zoning Department to enthe structure(s) authorized by this permit and to determine if the agreement have been met. The digital plan and the required recording fee to the Sauk Coungree to record this agreement with the Register of Deeds in a manner property as to the existence of this agreement. The been approved as part of the Land Use Permit. The digital to maintain the mitigation per the agreed upon plan. Failure violation of the current Shoreland Protection Ordinance. Conservation, Planning and Zoning Department if the property becoming Protection Ordinance.
Owners Printed Name		_
STATE OF WISCONSIN)		
) SS COUNTY OF SAUK)		
Subscribed and sworn to before me	this day of _	20I
		_ to me known to be the person who subscribed his/her name hereto.
		Notary Public, Sauk County, Wisconsin
		My Commission Expires:
Approved by:		Date: