

# DANE COUNTY ZONING PERMIT

ZONING PERMIT NO.

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DCPZP-2019-00218

OWNER INFORMATION		AGENT/CONTRACTOR INFORMATION		
OWNER NAME KEGONSA DEVELOPMENT PARTNERS LLC	PHONE (815) 871-4830	AGENT/CONTRACTOR NAME	PHONE	
BILLING ADDRESS (Number, Street) 5507 CHESTNUT LN		ADDRESS (Number, Street)		
(City, State, Zip) MCFARLAND, WI 53558		(City, State, Zip)		
E-MAIL ADDRESS robert@rrlollc.com		E-MAIL ADDRESS		
PARCEL NO. 0610-262-9950-0		TOWNSHIP TOWN OF DUNN		SECTION 26
		1/4 NW		1/4 1/4 SE
PROPERTY ADDRESS (Assignment of new address is subject to field verification.)		HOUSE NO. 1987	ST. DIRECTION	STREET NAME BARBER
				ST. TYPE DR
LOT 1	BLOCK	C.S.M. NO. or PLAT NAME CSM 14825		
ZONING DISTRICT PUD Planned Unit	PARCEL ACREAGE 2.4	PROPOSED PROJECT: <b>New Structure/Addition</b> Description: commercial, personal storage rental facility		CENSUS CODE
Category <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Other:		SEWER Public		SANITARY PERMIT NO.
ROAD CLASSIFICATION A-US or State Highway	REZONE NO. 11150	C.U.P. NO.	VARIANCE NO.	DEED RESTRICTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SHORELAND <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WETLAND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EC/SW NO. se2018-0083	
HEIGHT (In Feet) 27'-0"	BASEMENT Sq. Ft.		1st FLOOR Sq. Ft. 30000	TOTAL SQUARE FEET 60000
NO. OF STORIES 2	2nd FLOOR Sq. Ft. 30000		3rd FLOOR Sq. Ft.	PROJECT COST \$4,200,000.00
				PERMIT FEE \$8,650.00

I, the undersigned, am the owner of the property or an authorized agent acting on behalf of the owner of the property. I certify that the work to be performed, as part of this zoning permit, will be constructed as noted on the submitted plans and comply with the applicable zoning ordinances. I understand that failure to comply with any provision or condition of this permit renders this zoning permit null and void and subject to enforcement action.

I acknowledge that I am responsible for complying with State and Federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources web page at [www.dnr.state.wi.us](http://www.dnr.state.wi.us) or contact the Department of Natural Resources Service Center.

I hereby consent to the entry on the permitted premises by Dane County zoning inspectors for the purposes of determining compliance with the zoning ordinances.

Owner & Agent hereby agree to comply with all Dane County Ordinances. Any unauthorized change from the information or plans submitted will invalidate the permit.	SIGNATURE: Owner/Agent	DATE:
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## OFFICE USE ONLY

(form version 04.00.01)

SURVEY REQUIRED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Initials: _____	DATE ISSUED 06/04/2019 DATE REVIEWED	INITIALS SSA1 INITIALS	1st INSPECTION DATE 2nd INSPECTION DATE	INITIALS INITIALS
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## Conditions:

1. THIS APPROVAL BY DANE COUNTY ZONING IS ONLY FOR THE PLAN AS PRESENTED. ANY MODIFICATION TO THE PROJECT REQUIRES THE EXPRESS WRITTEN APPROVAL BY DANE COUNTY ZONING. THIS PERMIT SHALL BE NULL AND VOID IF ANY MODIFICATIONS ARE MADE WITHOUT THE EXPRESS WRITTEN APPROVAL OF DANE COUNTY ZONING.

2. THIS APPROVAL BY DANE COUNTY ZONING DOES NOT CONVEY PERMITS OR PERMISSIONS FROM OTHER DANE COUNTY AGENCIES, STATE GOVERNMENT OR LOCAL MUNICIPALITIES. IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN ALL NECESSARY PERMITS PRIOR TO STARTING A PROJECT.

SURVEY REQUIREMENT: A LOCATION SURVEY IS REQUIRED TO VERIFY COMPLIANCE WITH ZONING ORDINANCE SETBACKS. THE SURVEY SHALL BE PREPARED BY A REGISTERED LAND SURVEYOR, AND MUST BE RECEIVED BY DANE COUNTY ZONING WHEN THE FOUNDATION/BASEMENT WALLS ARE COMPLETED, OR IF THE PROJECT DOES NOT INCLUDE FOUNDATION/BASEMENT WALLS, AT THE TIME THE LOCATION OF THE STRUCTURE IS ESTABLISHED, AND BEFORE ANY OTHER WORK IS DONE.

rezone following condition see attached

I acknowledge the above conditions. INITIALS \_\_\_\_\_

Other Potential Regulating Agencies:

Dane County Land And Water Resources Department: 608-224-3730

Dane County Environmental Health: 608-242-6515

Wisconsin Department Of Natural Resources: 608-266-2621