

# DANE COUNTY ZONING PERMIT

ZONING PERMIT NO. Page 1 of 2

DCPZP-2021-00553

**OWNER INFORMATION**

**AGENT/CONTRACTOR INFORMATION**

OWNER NAME SPONEM REV TR, STEVEN A & KAREN L	PHONE (608) 576-3816	AGENT/CONTRACTOR NAME	PHONE
BILLING ADDRESS (Number, Street) 1063 LAFOLLETTE RD		ADDRESS (Number, Street)	
(City, State, Zip) MOUNT HOREB, WI 53572		(City, State, Zip)	
E-MAIL ADDRESS SKDAIRY@HOTMAIL.COM		E-MAIL ADDRESS	

PARCEL NO. 0507-181-8001-0	TOWNSHIP TOWN OF PRIMROSE	SECTION 18	1/4 NE	1/4 1/4 NE
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PROPERTY ADDRESS <small>(Assignment of new address is subject to field verification.)</small>	HOUSE NO. 1081	ST. DIRECTION	STREET NAME LAFOLLETTE	ST. TYPE RD
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LOT	BLOCK	C.S.M. NO. or PLAT NAME	METES AND BOUNDS
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ZONING DISTRICT FP-35 Farmland Preservation District	PARCEL ACREAGE 38.5	PROPOSED PROJECT: New Structure/Addition Description: 46' X 240' STEER BARN	CENSUS CODE 329 - Other
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Category <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Other: FARM BUILDING	SEWER Private	SANITARY PERMIT NO.
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ROAD CLASSIFICATION C-Town Road	REZONE NO.	C.U.P. NO.	VARIANCE NO.	DEED RESTRICTION <input type="checkbox"/> YES <input type="checkbox"/> NO
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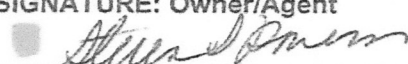
SHORELAND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WETLAND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EC/SW NO.
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HEIGHT (In Feet) 20	BASEMENT Sq. Ft.	1st FLOOR Sq. Ft. 11040	TOTAL SQUARE FEET 11040
NO. OF STORIES 1	2nd FLOOR Sq. Ft.	3rd FLOOR Sq. Ft.	PROJECT COST \$350,000.00
			PERMIT FEE \$0.00

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: 9/21/21
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OFFICE USE ONLY <span style="float: right;">(form version 04.00.01)</span>			
SURVEY REQUIRED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Initials: 	DATE ISSUED 09/20/2021 DATE REVIEWED	INITIALS PMK2	1st INSPECTION DATE INITIALS 2nd INSPECTION DATE 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.
3. SURVEY ADVISORY NOTE: A LOCATION SURVEY MAY BE REQUIRED TO VERIFY THAT THE BUILDING IS CONSTRUCTED ACCORDING TO THE PLAN SUBMITTED WITH THIS APPLICATION.

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

# DANE COUNTY ZONING PERMIT

Permit No.

DCPZP-2021-00553

Date Issued 9/20/2021

Date Expires 9/20/2022

Issued to: SPONEM REV TR, STEVEN A & KAREN L

Project Description: 46' X 240' STEER BARN

Authorizing such building location and use as shown in the application, plans and specifications on file in the office of the Dane County Zoning Administrator, City-County Building, Madison, WI.

Address: 1081 LAFOLLETTE RD

Town: TOWN OF PRIMROSE Parcel No. 0507-181-8001-0

Remarks:  
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OWNER AND AGENT HAVE AGREED TO COMPLY WITH ALL DANE COUNTY ORDINANCES. ANY UNAUTHORIZED CHANGE FROM THE INFORMATION OR PLANS SUBMITTED WILL INVALIDATE THIS PERMIT.

**NOTE:** SEPARATE PERMITS MAY BE REQUIRED BY THE STATE, DANE COUNTY OR BY TOWNS HAVING CODES WHICH PERTAIN TO THIS CONSTRUCTION.

Issued by: Patrick M. Klinckner  
DANE COUNTY ZONING DIVISION

**THIS CARD MUST BE POSTED IN A CONSPICUOUS LOCATION ON THE PREMISES BEFORE WORK MAY COMMENCE.**