

TOWN OF OREGON
1138 Union Road • Oregon, WI 53575 • (608) 835-3200
PERMIT APPLICATION

1. NAMES — Owner

Applicant (if other than Owner)

Name Patricia E. Anderson Living Trust Name County of Dane
Street 875 Union Rd. Street 5201 Fen Oak Drive
City, State, Zip Oregon, WI 53575 City, State, Zip Madison WI 53718
Phone: Days 835-3727 Cell _____ Phone: Days 224-3765 Cell _____

2. PROPERTY LOCATION

Section: 13 Property size: _____ Property zoning: A-3 Parcel No.: 050913390800
Property Address: 875 Union Rd. and 4998 Locust Grove Rd.

3. PROJECT DESCRIPTION - Please attach CSM, sketch or diagram.

Land Division _____ Has a Dane County Density Study been completed? Yes / No
Total Acres Owned _____
Size of parcels to be created:
Parcel 1) 0.9 acres; Parcel 2) 7.9 acres; Parcel 3) 17.2 acres; Parcel 4) _____ acres
Principal reason for land division (describe): Separation of existing residence

Zoning Change _____
Zoning change from A-3 District to R-1 District for 7.9 acres
Reason for change _____

Conditional Use Permit _____
Conditional Use Permit for _____

Mobile Home _____
Mobile home is _____ feet by _____ feet. Length of time estimated on site: _____
Intended purpose: _____

Driveway Construction _____
Location: _____
Driveway _____ Ag. Field road _____ Proposed road length: _____ feet
Maximum slope before construction: _____ % Maximum slope after construction: _____ %
Conditions: Width of driveway _____ feet. Center of driveway from property line: _____ feet
Drainage Culvert Needed? No _____ Yes _____ Size: Length _____ feet Diameter _____ inches
Distance from neighbor's driveway: _____ feet
 Site Plan _____ per attached _____
 Other Please describe: _____

4. PLANNING REQUIREMENTS

The Town of Oregon may require the following information: Parcel legal description, Property Boundaries, Woodlands, Location on official zoning map, Utility and other easement locations, Flood plain & wetlands, streams, rivers, ponds, drainage, Slopes over 12% highlighted, Surrounding land use (within 200'), Livestock confinement areas, Topography, float, rolling, steep; Prime farmland designation, Existing Land Use Plan designation, Mature woodlands, Existing structures, Soil Types, Proposed Use — number of dwelling units, type of industry, etc., Street, roads and driveways (existing and planned)

5. SIGNATURE

Patricia E. Anderson 9-30-13 hmm 9/30/13
Owner (signature is mandatory) Date Applicant (if other than Owner) Date

Dane County Rezone & Conditional Use Permit

Application Date	Petition Number
08/08/2013	DCPREZ-2013-10577
Public Hearing Date	C.U.P. Number
08/27/2013	

OWNER INFORMATION		AGENT INFORMATION	
OWNER NAME ANDERSON LIVING TR, PATRICIA E	PHONE (with Area Code) (608) 835-3727	AGENT NAME BILL WHITE	PHONE (with Area Code) (608) 283-2246
BILLING ADDRESS (Number & Street) 875 UNION RD		ADDRESS (Number & Street) 1 SOUTH PINCKNEY SUITE 700	
(City, State, Zip) OREGON, WI 53575		(City, State, Zip) Madison, WI 53703	
E-MAIL ADDRESS		E-MAIL ADDRESS wwhite@michaelbest.com	

ADDRESS/LOCATION 1	ADDRESS/LOCATION 2	ADDRESS/LOCATION 3
ADDRESS OR LOCATION OF REZONE/CUP 4998 Locust Grove Rd	ADDRESS OR LOCATION OF REZONE/CUP	ADDRESS OR LOCATION OF REZONE/CUP 875 Union Rd
TOWNSHIP OREGON	SECTION 13	TOWNSHIP OREGON
SECTION 13	TOWNSHIP	SECTION 13
PARCEL NUMBERS INVOLVED 0509-133-9080-0	PARCEL NUMBERS INVOLVED	PARCEL NUMBERS INVOLVED 0509-133-8760-0

REASON FOR REZONE			CUP DESCRIPTION		
SEPARATION OF EXISTING RESIDENCE					

FROM DISTRICT:	TO DISTRICT:	ACRES	DANE COUNTY CODE OF ORDINANCE SECTION	ACRES
A-3 Agriculture District	R-1 Residence District	0.9		
A-3 Agriculture District	RH-2 Rural Homes District	7.9		
A-3 Agriculture District	RE-1 Recreational District	17.2		

C.S.M REQUIRED?	PLAT REQUIRED?	DEED RESTRICTION REQUIRED?	INSPECTOR'S INITIALS	SIGNATURE:(Owner or Agent)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SSA1	
Applicant Initials _____	Applicant Initials _____	Applicant Initials _____		PRINT NAME:

Revised

DATE:

TOWN OF OREGON
1138 Union Road • Oregon, WI 53575 • (608) 835-3200
PERMIT APPLICATION

1. NAMES — Owner

Applicant (if other than Owner)

Name Patricia E. Anderson Living Trust Name County of Dane
Street 875 Union Rd. Street 5201 Fern Oak Drive
City, State, Zip Oregon, WI 53575 City, State, Zip Madison, WI 53718
Phone: Days 835-3727 Cell _____ Phone: Days 224-3765 Cell _____

2. PROPERTY LOCATION

Section: _____ Property size: _____ Property zoning: _____ Parcel No.: _____
Property Address: _____

3. PROJECT DESCRIPTION - Please attach CSM, sketch or diagram.

Land Division _____ Has a Dane County Density Study been completed? Yes / No
Total Acres Owned _____
Size of parcels to be created:
Parcel 1) 7.9 acres; Parcel 2) _____ acres; Parcel 3) _____ acres; Parcel 4) _____ acres
Principal reason for land division (describe): _____

Zoning Change
Zoning change from A-3 District to RH-2 District for 7.9 acres
Reason for change _____

Conditional Use Permit
Conditional Use Permit for _____

Mobile Home
Mobile home is _____ feet by _____ feet; Length of time estimated on site: _____
Intended purpose: _____

Driveway Construction
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Driveway _____ Ag. Field road _____ Proposed road length: _____ feet
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5. SIGNATURE

Owner (signature is mandatory) Patricia E. Anderson 9-30-13 Date 9/30/13
Applicant (if other than Owner) Leann Mlyn Date _____

Dane County Rezone & Conditional Use Permit

Application Date	Petition Number
06/20/2013	DCPREZ-2013-10580
Public Hearing Date	C.U.P. Number
08/27/2013	

OWNER INFORMATION		AGENT INFORMATION	
OWNER NAME ANDERSON LIVING TR, PATRICIA E	PHONE (With Area Code) (608) 835-3727	AGENT NAME BILL WHITE	PHONE (With Area Code) (608) 283-2246
BILLING ADDRESS (Number & Street) 875 UNION RD		ADDRESS (Number & Street) 1 SOUTH PINCKNEY SUITE 700	
(City, State, Zip) OREGON, WI 53575		(City, State, Zip) Madison, WI 53703	
E-MAIL ADDRESS		E-MAIL ADDRESS wvwhite@michaelbest.com	

ADDRESS/LOCATION 1	ADDRESS/LOCATION 2	ADDRESS/LOCATION 3
ADDRESS OR LOCATION OF REZONE/CUP	ADDRESS OR LOCATION OF REZONE/CUP	ADDRESS OR LOCATION OF REZONE/CUP
TOWNSHIP OREGON	SECTION 24	TOWNSHIP
SECTION	TOWNSHIP	SECTION
PARCEL NUMBERS INVOLVED 0509-242-8570-0	PARCEL NUMBERS INVOLVED	PARCEL NUMBERS INVOLVED

REASON FOR REZONE

SEPARATION OF EXISTING RESIDENCE

CUP DESCRIPTION

FROM DISTRICT:	TO DISTRICT:	ACRES	DANE COUNTY CODE OF ORDINANCE SECTION	ACRES
A-3 Agriculture District	RH-2 Rural Homes District	7.9		

C.S.M REQUIRED?	PLAT REQUIRED?	DEED RESTRICTION REQUIRED?	INSPECTOR'S INITIALS	SIGNATURE:(Owner or Agent)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SSA1	

Applicant Initials _____

Applicant Initials _____

PRINT NAME:

DATE: