

Dane County Conditional Use Permit Application

Town

Application Date	C.U.P Number
02/04/2019	DCPCUP-2019-02459
Public Hearing Date	
04/30/2019	

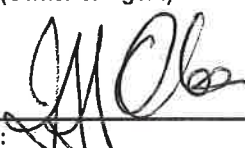
OWNER INFORMATION		AGENT INFORMATION	
OWNER NAME JEFF J OLSON	Phone with Area Code (608) 575-5210	AGENT NAME <input type="checkbox"/>	Phone with Area Code
BILLING ADDRESS (Number, Street) 718 HILLCREST LN		ADDRESS (Number, Street) <input type="checkbox"/>	
(City, State, Zip) OREGON, WI 53575		(City, State, Zip)	
E-MAIL ADDRESS ARBORSYSTEMS@TDS.NET		E-MAIL ADDRESS	

ADDRESS/LOCATION 1		ADDRESS/LOCATION 2		ADDRESS/LOCATION 3	
ADDRESS OR LOCATION OF CUP		ADDRESS OR LOCATION OF CUP		ADDRESS OR LOCATION OF CUP	
718 HILLCREST LANE					
TOWNSHIP OREGON	SECTION 21	TOWNSHIP	SECTION	TOWNSHIP	SECTION
PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED	
0509-211-6809-8		---		---	

CUP DESCRIPTION

SANITARY PLUMBING FIXTURES IN AN ACCESSORY BUILDING-AGRICULTURAL USE-RAISES BEES FOR HONEY PRODUCTION.

DANE COUNTY CODE OF ORDINANCE SECTION	ACRES
10.126(3)(x)	5

DEED RESTRICTION REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials _____	Inspectors Initials	SIGNATURE:(Owner or Agent)
	PMK2	
		PRINT NAME: JEFF OLSON
		DATE: 2/4/18

COMMENTS: SANITARY PLUMBING FIXTURES IN AN ACCESSORY BUILDING-AGRICULTURAL USE-RAISES BEES FOR HONEY PRODUCTION.