



Dane County Planning and Development Department

Room 116, City-County Bldg., 210 Martin Luther King, Jr., Blvd., Madison, Wisconsin 53703

Phone (608) 266-4251 / Fax (608) 267-1540

www.countyofdane.com/plandev/

February 25, 2016

Dear Chairperson,

The Dane County Surveyor's Office has contracted services for the perpetuation and maintenance of the United States Public Land Survey System (USPLSS) monuments in numerous Townships. This work will include finding, restoring and / or replacing USPLSS section corner monuments and collecting accurate Dane County Coordinate location data. This work will take place throughout much of 2016.

This is a part of a long term countywide USPLSS Re-monumentation Program. This project will benefit the residents of the affected areas in many ways. These benefits include, but are not limited to, cost savings on property surveys, more accurate mapping in public Geographic Information Systems (GIS), and provide a more accurate network for analyzing title issues.

Survey crews will need to access private properties to locate these vital corners. Some small hand-dug road excavations may be necessary. Any holes made will be patched. If Board members or constituents have any questions regarding this project, please feel free to contact me.

The contracted vendors for this work are as follows:

Williamson Surveying & Associates, LLC and Combs & Associates Inc.

T05N-R08E (Montrose), T05N-R09E (Oregon), T06N-R08E (Verona), and T06N-R09E (Fitchburg), including the Cities of Fitchburg and Verona and the Villages of Belleville, Oregon, and Brooklyn.

River Valley Land Surveying, LLC

T06N-R11E (Pleasant Springs), including part of the City of Stoughton.

MSA Professional Services, Inc.

T05N-R10E (Rutland), and T05N-R11E (Dunkirk), including part of the City of Stoughton, Village of Oregon, and Village of Brooklyn.

Respectfully,

Daniel C. Frick, PLS
Dane County Surveyor
(608) 266-4252
frick@countyofdane.com

Call (262) 544-8280 or
1-800-422-5220
INDEPENDENT
INSPECTIONS, LTD.

WI UNIFORM PERMIT APPLICATION

11-16-2B
PERMIT NO.

TAXKEY#

ISSUING MUNICIPALITY	<input checked="" type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)	6144 Knollwood way Oregon, WA. 97375
	OF <u>Oregon</u> COUNTY: <u>Dave</u>	PROJECT DESCRIPTION	W. kitchen, laundry remodel

Owner's Name <u>Vicki Peterson</u>	Mailing Address - Include City & Zip <u>6144 Knollwood way Oregon 53575</u>	Telephone - Include Area Code <u>608-291-2003</u>
Construction Contractor (DC Lic No.) <u>HLW Builders, LLC 957420 95792</u>	Mailing Address - Include City & Zip <u>2870 TERRACE UNIT 5 SUN PRINCE 53540</u>	Telephone - Include Area Code <u>608-577-9861</u>
Dwelling Contractor Qualifier (DCQ Lic No.) <u>HLW Builders 957421</u>	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor	Telephone - Include Area Code
Plumbing Contractor (Lic No.) <u>Derek Frank Plumbing 267773</u>	Mailing Address - Include City & Zip <u>403 David Cr. Arena 53503</u>	Telephone - Include Area Code <u>608-576-6138</u>
Electrical Contractor (Lic No.) <u>Seal Electric 171785</u>	Mailing Address - Include City & Zip <u>423 N. Burr Oak Av. Oregon 53575</u>	Telephone - Include Area Code <u>608-835-3940</u>
HVAC Contractor (Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code

PROJECT INFORMATION		Subdivision Name			Lot No.	Block No.
Zoning District	Lot Area Sq. Ft.	N.S.E.W. Setbacks	Front Ft.	Rear Ft.	Left Ft.	Right Ft.
1a. PROJECT	3. TYPE	6. STORIES	9. HVAC EQUIPMENT		12. ENERGY SOURCE	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other		Fuel	Nat. Gas
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		Space Htg	Oil
<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached	<input checked="" type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No.		Water Htg	Elec.
2. AREA	5. ELECTRICAL	8. USE	11. WATER		13. HEAT LOSS (Calculated)	
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: 100 amp Service <input type="checkbox"/> New <input type="checkbox"/> Rewire Single _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company:	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU/HR	
				14. ESTIMATED COST		
				\$ 40,000.00		

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT [Signature] **PRINT NAME** Grant Roe **DATE** _____

APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.
This address is in the Town of Oregon

INSPECTIONS NEEDED Building Footing Foundation Rough Insulation Bsmt. Fl. Final
Electric Rough Service Final Plumbing Rough Underfloor Final HVAC Rough Final

FEES:	PERMIT(S) ISSUED	SEAL NO. _____	Municipality No. <u>13-042</u>
Building Fee <u>200.00</u>	Bldg. # At top of form _____	RECEIPT	PERMIT EXPIRATION:
Zoning Fee _____	Zoning # _____	CK # <u>614501</u>	Permit expires two years from date issued unless municipal ordinance is more restrictive.
WI Seal _____	Elec. # _____	Amount \$ <u>300.00</u>	PERMIT ISSUED BY MUNICIPAL AGENT:
Electric Fee <u>50.00</u>	Plmb. # _____	Date <u>2-18-16</u>	Name <u>Ben Koch</u>
Plumbing Fee <u>50.00</u>	HVAC # _____	From <u>HLW Builders</u>	Date <u>2-17-16</u>
HVAC Fee _____	Total <u>300.00</u>	Rec By. <u>[Signature]</u>	Certification No. <u>687852</u>
Adm. Fee _____			
Other _____			
Total <u>300.00</u>			