

TOWN OF VERONA
APPLICATION FOR LAND USE CHANGE

Please review the Town of Verona Comprehensive Land Use Plan and Subdivision and Development Ordinance 05-04 (found on the Town website: (www.town.verona.wi.us) and Dane County Ordinances Chapter 10 – Zoning, Chapter 11 – Shoreland, Shoreland-Wetland and Inland-Wetland Regulations, and Chapter 75 – Land Division and Subdivision Regulations prior to application. A pre-application meeting or initial review should be scheduled with Town Staff and/or Plan Commission Chair if you have any questions or concerns and to determine the fees associated with the application.

Proposed land use change for (property address/legal description): A parcel of land located in the SW 1/4 of the NE 1/4 of Section 9, T6N, R8E, Town of Verona, Dane County. Containing 215,824 Square Feet.

Please check all that apply:

- comprehensive plan amendment – please see specific submittal requirement
- rezone petition
 - current zoning category AT-35
 - new zoning category Limited Commercial LC
- conditional use permit
 - conditional use requested _____
- certified survey map
- preliminary plat
- final certified survey map
- concept plan
- site plan
- request for Town road access

Property Owner Phone (608) 271-9000

Address 1979 Milky Way, Verona, WI 53593 E-Mail jschumac@epic.com

Applicant, if different from the property owner Nathan Lockwood (REPRESENTATIVE, IF NEEDED)

^{REP} Applicant's Phone (608) 206-6873 E-mail nlockwood@donofrio.cc

If the applicant is different from property owner, please sign below to allow the agent to act on behalf of property owner.

I hereby authorize _____
to act as my agent in the application process for the above indicated land use change.

Signature _____ Date _____

Description of Land Use Change requested: (use reverse side if additional space is needed)

SEE OPERATIONS NARRATIVE. LIMITED COMMERCIAL WOULD ALLOW HOUSING OF GRADING CONTRACTOR ON PART OF OLD QUARRY

I certify that all information is true and correct. I understand that failure to provide all required information and any related fees will be grounds for denial of my request.

Applicant Signature [Signature] Date 5/25/22

Print Name JAMES S SCHUMACHER

RETURN COMPLETED APPLICATION TO MAP/PLAN AND ANY OTHER INFORMATION VIA EMAIL TO:
Sarah Gaskell, Administrator, Town of Verona
7669 County Highway PD, Verona, WI 53593
sgaskell@town.verona.wi.us
(608) 845-7187

OFFICE USE ONLY
Application # _____
Fee _____
Paid by _____
Date _____ Check # _____
Receipt # _____