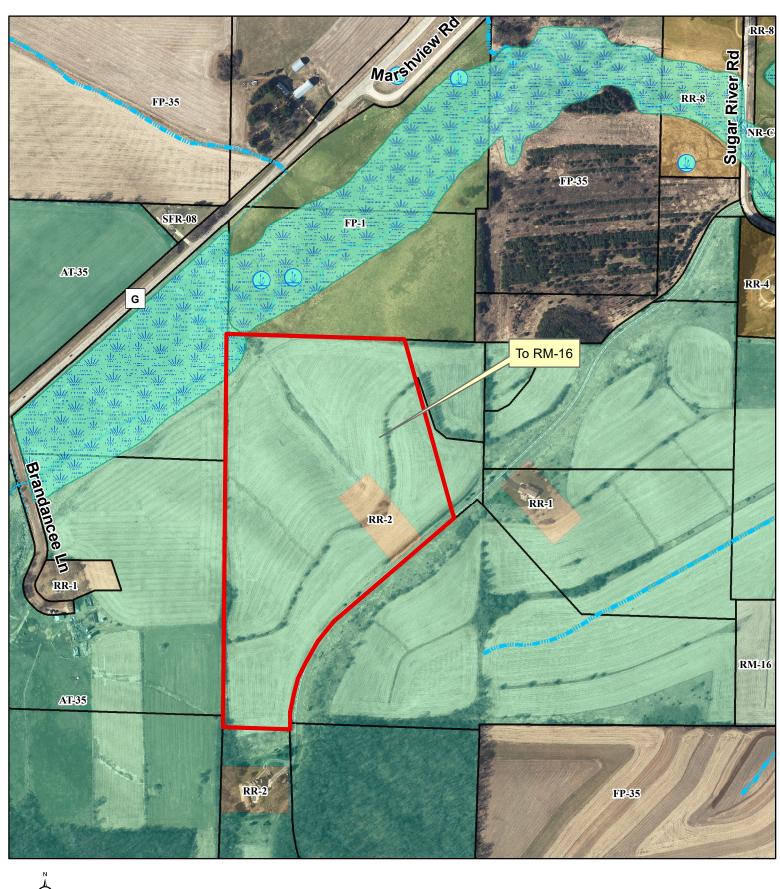
Dane County Rezone Petition

Application Date	Petition Number			
06/17/2021				
Public Hearing Date	DCPREZ-2021-11731			
08/24/2021				

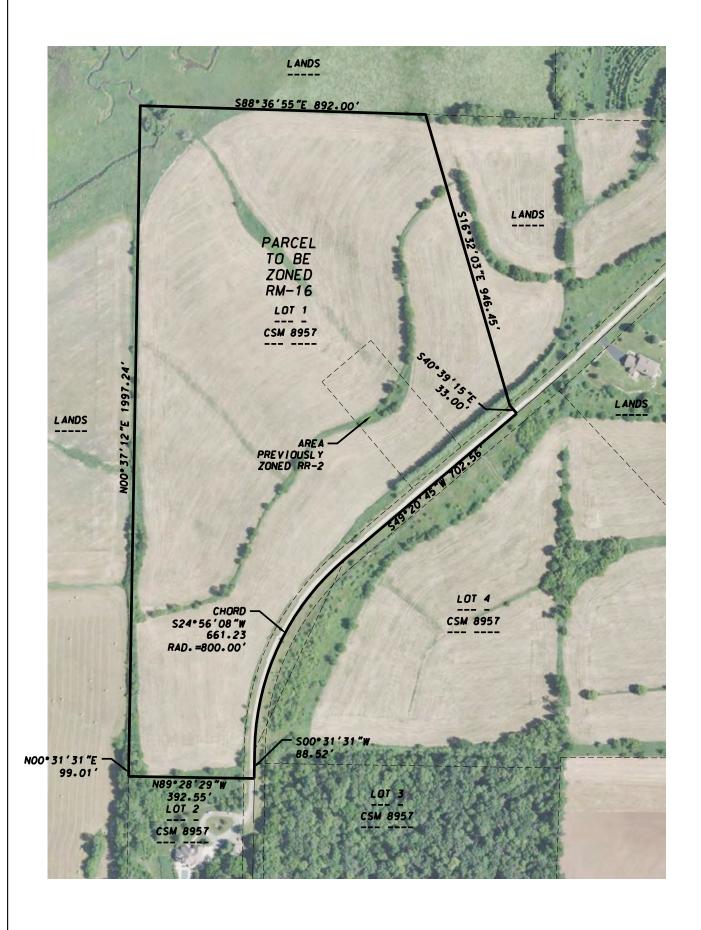
OWNER INFORMATION				AGENT INFORMATION				
OWNER NAME SUGAR RIVER INVI	PHONE (with Code) (608) 255	l c	GENT NAME OONOFRIO KOTK	E	PHONE (with Area Code) (608) 833-7530			
BILLING ADDRESS (Number & Street) 150 E GILMAN ST STE 1600				ADDRESS (Number & Street) 7530 WESTWARD WAY				
(City, State, Zip) MADISON, WI 53703				(City, State, Zip) MADISON, WI 53717				
E-MAIL ADDRESS DKRUGER@FIORECO.COM			E-MAIL ADDRESS RKLAAS@DONOFRIO.CC					
ADDRESS/L	OCATION 1	ADDRESS/LOCATION 2			ADDRESS/L	ADDRESS/LOCATION 3		
ADDRESS OR LOCA	TION OF REZONE	ADDRESS OR LOCATION OF REZONE			ADDRESS OR LOCATION OF REZONE			
2325 SUGAR RIVER	RD							
TOWNSHIP VERONA	SECTION T	TOWNSHIP SECTION			TOWNSHIP	SECTION		
PARCEL NUMBE	RS INVOLVED	PAR	CEL NUMBEI	RS INVOLVED	PARCEL NUMBE	RS INVOLVED		
0608-301	-8001-1							
		RE	ASON FOR	R REZONE				
ENTIRE PROPER	· · · · ·							
FROM DISTRICT:				то в	STRICT:	ACRES		
RR-2 Rural Residential District				riculture Transition Rural Mixed-Use		2.03		
AT-35 Agriculture Transition District				a l Residential Dist Rural Mixed-Use		1.98 37.45		
C.S.M REQUIRED?	PLAT REQUIRED?		STRICTION JIRED?	INSPECTOR'S INITIALS	SIGNATURE:(Owner	or Agent)		
Yes No	Yes No	Yes	☐ No	SLJ3				
Applicant Initials	Applicant Initials	Applicant Initials		_	PRINT NAME:			
Comments: Petitic	on revised on Augu	st 13, 202	21.					
					DATE:			

Form Version 04.00.00



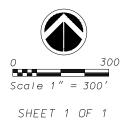
Petition 11731 Revised Sugar River Investors I LLC

ZONING EXHIBIT

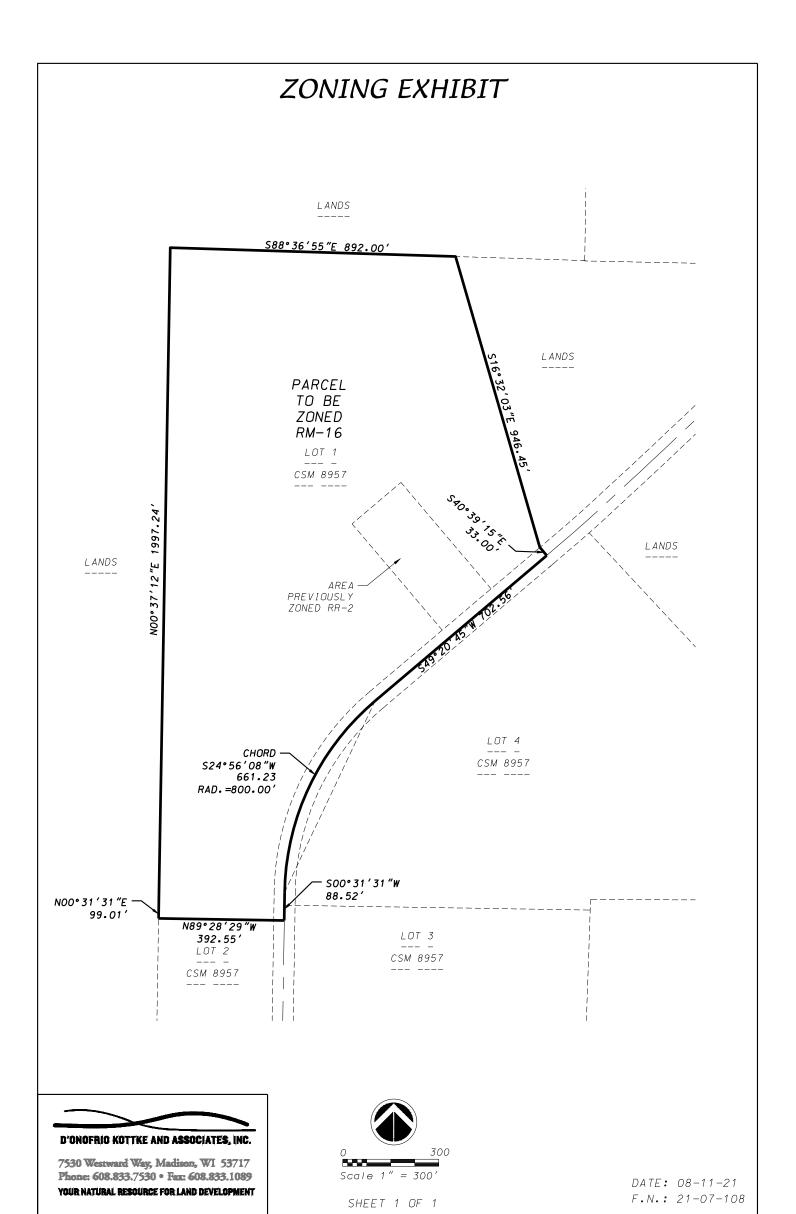




7530 Westward Way, Madison, WI 53717 Phone: 608.833.7530 • Fax: 608.833.1089 YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT



DATE: 08-11-21 F.N.: 21-07-108





Dane County Department of Planning and Development

Zoning Division Room 116, City-County Building 210 Martin Luther King Jr. Blvd. Madison, Wisconsin 53703 (608) 266-4266

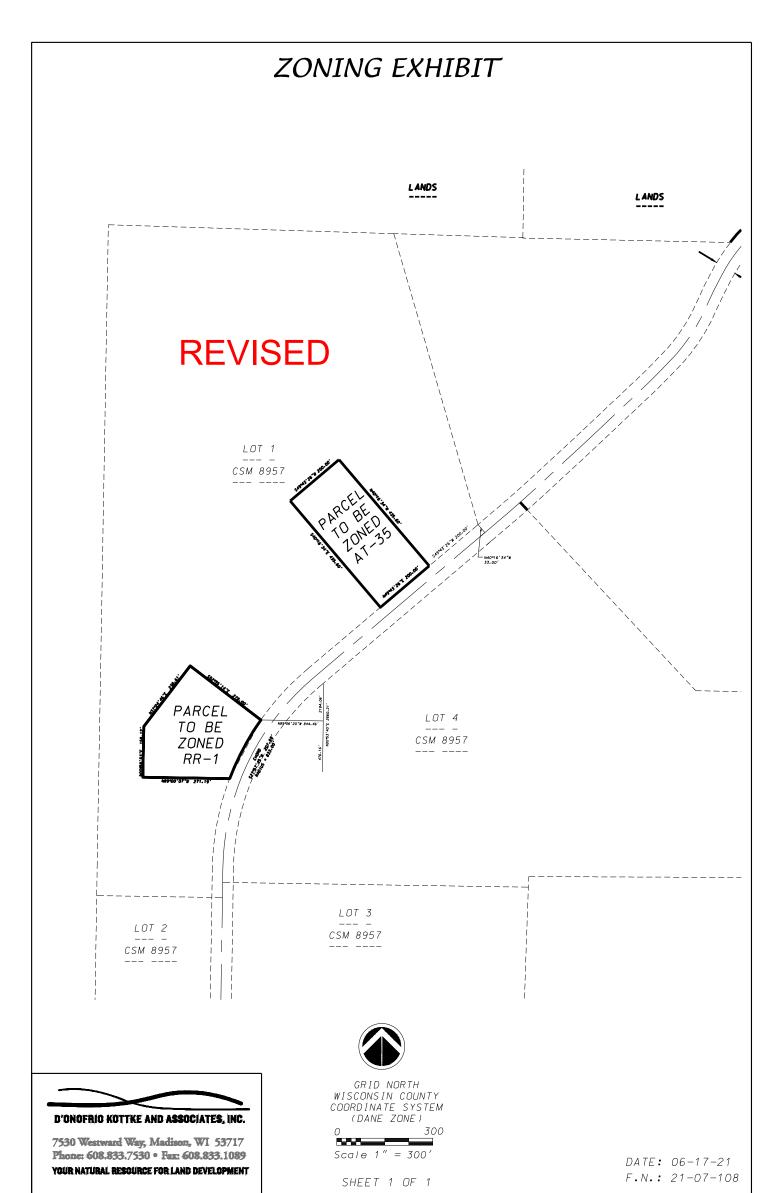
Application Fees					
General:	\$395				
Farmland Preservation:	\$495				
Commercial:	\$545				

- PERMIT FEES DOUBLE FOR VIOLATIONS.
- ADDITIONAL FEES MAY APPLY. CONTACT DANE COUNTY ZONING AT 608-266-4266 FOR MORE INFORMATION.

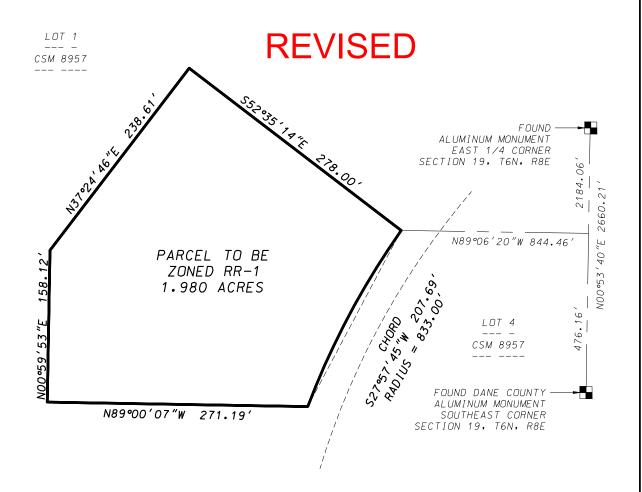
REZONE APPLICATION									
APPLICANT INFORMATION									
Property Ow	ner Name:				Agent N	lame:			
Address (Nur	ss (Number & Street):		Address (Number & Street):						
Address (City	y, State, Zip):			Address (City, State, Zip):					
Email Addres	ss:				Email A	ddress:			
Phone#:					Phone#	:			
PROPERTY INFORMATION									
Township: Parcel Number(s):									
Section:		Property Address or Location:		Address or Location:					
				REZONE D	ESCRIP	TION			
Reason for the request. In the space below, please provide a brief but detailed explanation of the rezoning request. Include both current and proposed land uses, number of parcels or lots to be created, and any other relevant information. For more significant development proposals, attach additional pages as needed. Is this application being submitted to correct a violation? Yes No									
			posed Zo	-	Acres				
	District(s)			District(s) 				
REVISED									
	AT-		\ <u> </u>						
Applications will not be accepted until the applicant has contacted the town and consulted with department staff to determine that all necessary information has been provided. Only complete applications will be accepted. All information from the checklist below must be included. Note that additional application submittal requirements apply for commercial development proposals, or as may be required by the Zoning Administrator.									
☐ Scaled d propose boundar	d property	☐ Legal descrip of zoning boundaries		Information for commercial develop (if applicable)	oment	☐ Pre-application consultation valued and department	vith town	☐ Application fee (non- refundable), payable to the Dane County Treasurer	
I certify by	y my signatu	re that all info	ormation	provided with th	is appl	ication is true a	nd correct	to the best of my knowledge	

and understand that submittal of false or incorrect information may be grounds for denial. Permission is hereby granted for Department staff to access the property if necessary to collect information as part of the review of this application. Any agent signing below verifies that he/she has the consent of the owner to file the application.

Owner/Agent Signature_



ZONING MAP





7530 Westward Way, Madison, WI 53717 Phone: 608.833.7530 • Fax: 608.833.1089

YOUR NATURAL RESOURCE FOR LAND DEVELOPMENT



GRID NORTH WISCONSIN COUNTY COORDINATE SYSTEM (DANE ZONE)



DATE: 05-28-21

F.N.: 21-07-108