

# Dane County Rezone Petition

<b>Application Date</b>	<b>Petition Number</b>
08/14/2024	DCPREZ-2024-12105
<b>Public Hearing Date</b>	
10/22/2024	

<b>APPLICANT INFORMATION</b>	<b>AGENT INFORMATION</b>
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OWNER NAME TOWN OF BLOOMING GROVE	PHONE (with Area Code) (608) 223-1104	AGENT NAME DANE COUNTY PLANNING AND DEVELOPMENT (BRIAN STANDING)	PHONE (with Area Code) (608) 267-4115
BILLING ADDRESS (Number & Street) 1880 S. STOUGHTON ROAD		ADDRESS (Number & Street) 210 MLK JR. BLVD RM 116	
(City, State, Zip) MADISON, WI 53716		(City, State, Zip) Madison, WI 53703	
E-MAIL ADDRESS bgadmin@blmgrove.com		E-MAIL ADDRESS standing.brian@danecounty.gov	

<b>ADDRESS/LOCATION 1</b>	<b>ADDRESS/LOCATION 2</b>	<b>ADDRESS/LOCATION 3</b>
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ADDRESS OR LOCATION OF REZONE		ADDRESS OR LOCATION OF REZONE		ADDRESS OR LOCATION OF REZONE	
See attached list - 4381 Marsh Rd					
TOWNSHIP BLOOMING GROVE	SECTION 26	TOWNSHIP	SECTION	TOWNSHIP	SECTION
PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED	
0710-263-9001-0					

<b>REASON FOR REZONE</b>
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TOWN-INITIATED BLANKET REZONE OF VARIOUS PROPERTIES FOR CONSISTENCY WITH UPDATED FARMLAND PRESERVATION PLAN AND S.91.38, WIS STATS

FROM DISTRICT:	TO DISTRICT:	ACRES
FP-35 Farmland Preservation District	AT-35 Agriculture Transition District	57

<b>C.S.M REQUIRED?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Applicant Initials _____	<b>PLAT REQUIRED?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Applicant Initials _____	<b>DEED RESTRICTION REQUIRED?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Applicant Initials _____	<b>INSPECTOR'S INITIALS</b>  RUH1	<b>SIGNATURE:(Owner or Agent)</b>    <b>PRINT NAME:</b>    <b>DATE:</b>    
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**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
<ul style="list-style-type: none"> <li>• PERMIT FEES DOUBLE FOR VIOLATIONS.</li> <li>• ADDITIONAL FEES MAY APPLY. CONTACT DANE COUNTY ZONING AT 608-266-4266 FOR MORE INFORMATION.</li> </ul>	

## REZONE APPLICATION

### APPLICANT INFORMATION

Property Owner Name:		Agent Name:	
Address (Number & Street):		Address (Number & Street):	
Address (City, State, Zip):		Address (City, State, Zip):	
Email Address:		Email Address:	
Phone#:		Phone#:	

### PROPERTY INFORMATION

Township:		Parcel Number(s):	
Section:		Property Address or Location:	

### REZONE DESCRIPTION

<p><b>Reason for the request.</b> 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.</p>	<p><b>Is this application being submitted to correct a violation?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Existing Zoning District(s)	Proposed Zoning District(s)	Acres

**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.**

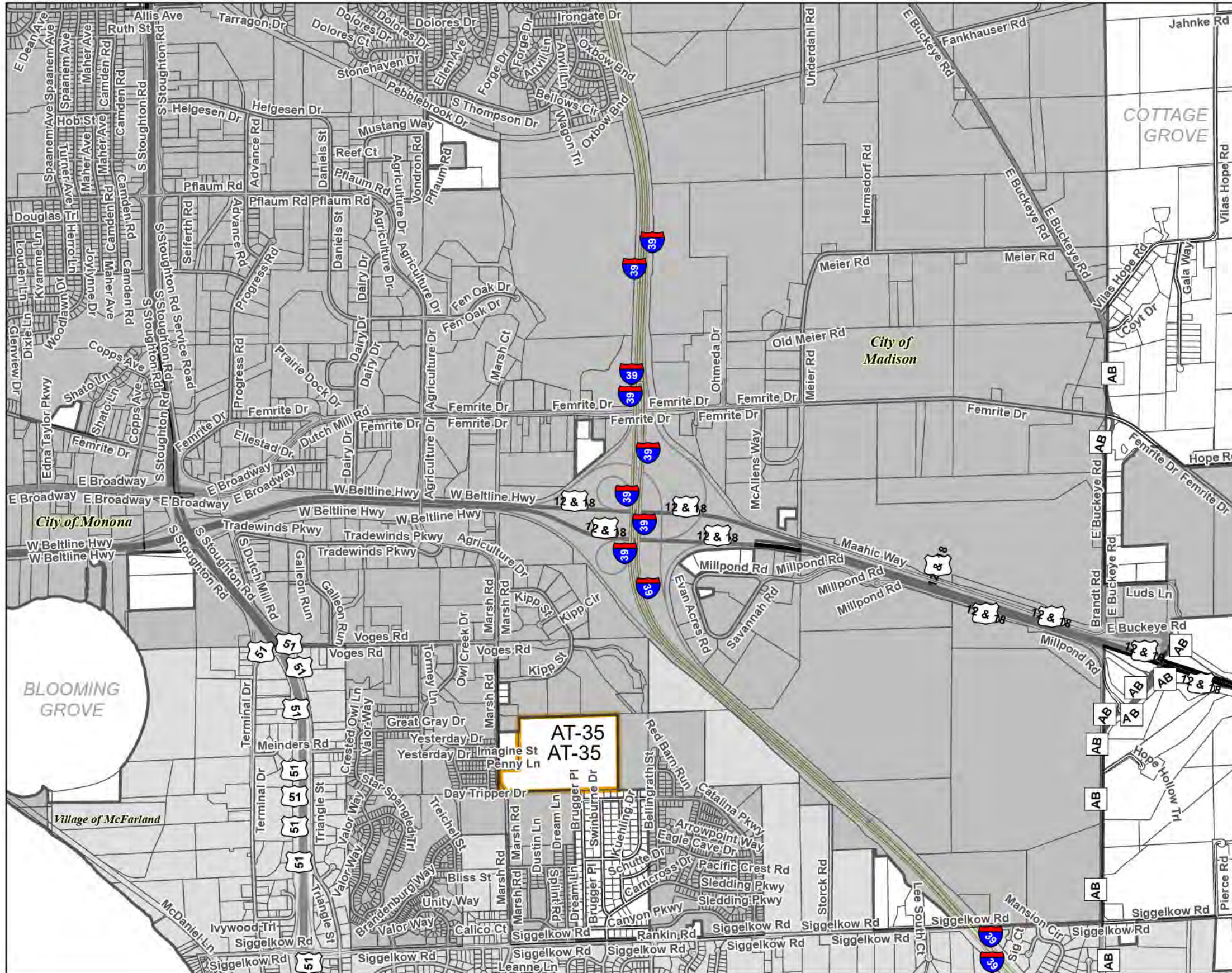
<input type="checkbox"/> Scaled drawing of proposed property boundaries	<input type="checkbox"/> Legal description of zoning boundaries	<input type="checkbox"/> Information for commercial development (if applicable)	<input type="checkbox"/> Pre-application consultation with town and department staff	<input type="checkbox"/> Application fee ( <b>non-refundable</b> ), payable to the Dane County Treasurer
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I certify by my signature that all information provided with this application is true and 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 \_\_\_\_\_

Date \_\_\_\_\_

2024 Dane County Farmland Zoning Certification  
 Proposed Rezones: Town of Blooming Grove



### Legend

**Municipalities**

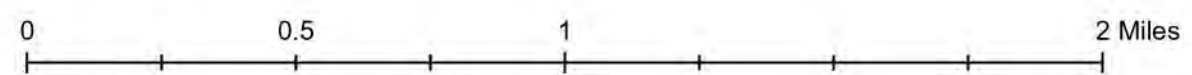
- City
- Village
- Town
- Major Lake
- FPZ\_2024\_Certification\_Rezones

**Highway Symbols**

**Local Road Names**

**Road Centerlines**

- Interstate Highway
- US Highway
- State Highway
- County Highway
- Local Road
- Restricted Access
- Ramp
- Named Private Road



# Dane County Farmland Preservation Zoning Recertification 2024

## Town of Blooming Grove Rezones

<b>Municipality</b>	<b>PARCELNO</b>	<b>ZONING_ DISTRICT</b>	<b>Proposed_ Zoning</b>	<b>Farmland_Preservation_C ategory</b>	<b>Proposed_FPP_ Category</b>	<b>Acres</b>	<b>PlatDescription</b>
Town of Blooming Grove	071026390010	FP-35	AT-35	Not Farmland Preservation	Non-FP	56.67	METES AND BOUNDS