Dane County Rezone Petition

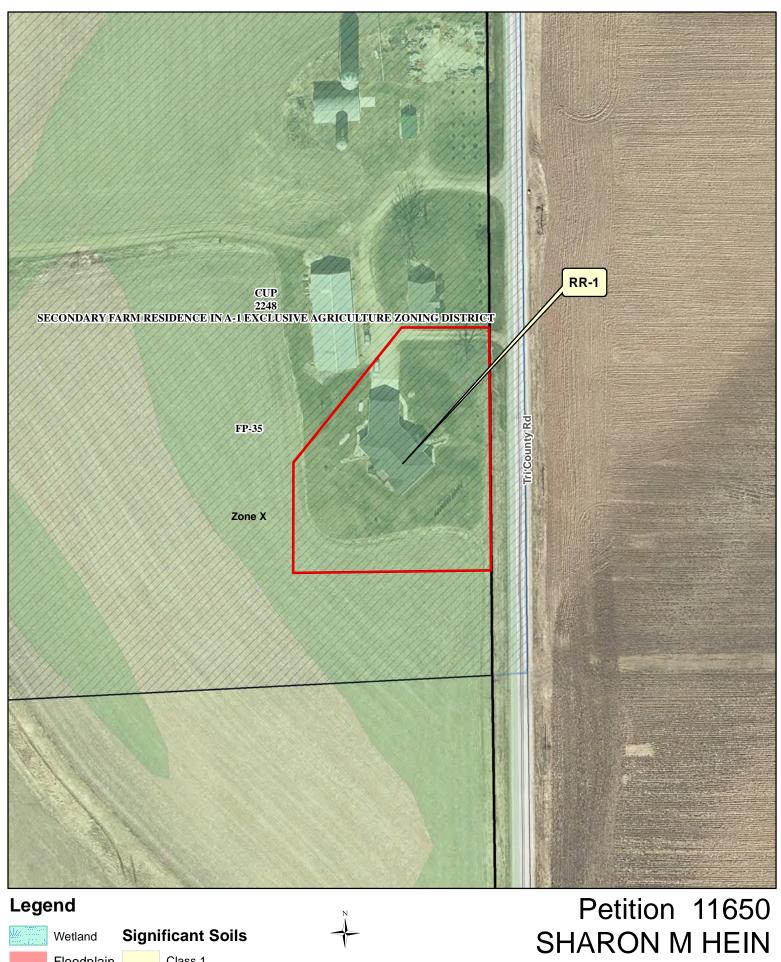
 Application Date
 Petition Number

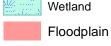
 12/14/2020
 DCPREZ-2020-11650

 02/23/2021
 DCPREZ-2020-11650

| ON | NER INFORMATIO | N | | AG | ENT INFORMATION | |
|---|--------------------|-------------------|---------------------|--|-------------------------|----------------------------|
| OWNER NAME SHARON M HEIN | | PHONE (with Code) | | GENT NAME IM COULSON | Code) | E (with Area) 505-1810 |
| BILLING ADDRESS (Numbe 7215 TRI COUNTY | r & Street) RD | • | | DDRESS (Number & Street 06 KRAAK ROAD | t) | |
| (City, State, Zip) WATERLOO, WI 53 | 594 | | | City, State, Zip) Marshall, WI 53559 | | |
| E-MAIL ADDRESS | | | | MAIL ADDRESS im.Coulson@novol | ex.com | |
| ADDRESS/L | OCATION 1 | AD | DRESS/LC | DCATION 2 | ADDRESS/LOCAT | TION 3 |
| ADDRESS OR LOCA | TION OF REZONE | ADDRES | S OR LOCAT | TION OF REZONE | ADDRESS OR LOCATION (| F REZONE |
| 7215 Tri County Roa | ıd | | | | | |
| TOWNSHIP YORK | SECTION T | OWNSHIP | | SECTION | TOWNSHIP | SECTION |
| PARCEL NUMBE | RS INVOLVED | PAR | CEL NUMBER | RS INVOLVED | PARCEL NUMBERS IN | /OLVED |
| 0912-134 | -8000-0 | | | | | |
| | | RE | EASON FOR | R REZONE | | |
| | | | | | | |
| | OM DISTRICT: | | DD 4 D | - | STRICT: | ACRES |
| FP-35 Farmland Pre | servation district | | RR-1 Rura | al Residential Distri | Ct | 1.2 |
| C.S.M REQUIRED? | PLAT REQUIRED? | | STRICTION JIRED? | INSPECTOR'S INITIALS | SIGNATURE:(Owner or Age | nt) |
| ☑ Yes ☐ No | Yes 🗹 No | Yes | ☑ No | RWL1 | | |
| Applicant Initials | Applicant Initials | Applicant Initi | als | | PRINT NAME: | |
| | | | | | | |
| | | | | | DATE: | |
| | | | | | | |

Form Version 04.00.00







100 Feet 25 50



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

| Apr | olica | tion | Fee |
|-----|-------|------|-----|
| | | | |

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 Owner Name:

Sharon Hein

Agent Name:

Tim Coulson

Address (Number & Street): 7215 Tri County Road

Address (Number & Street):

Address (City, State, Zip):

Waterloo, Wi

Address (City, State, Zip):

Email Address:

Tim.Coulson@novolex.com

Email Address:

Phone#:

Phone#:

715-505-1810

PROPERTY INFORMATION

Township: York

Parcel Number(s): 0912-134-8000-0

Section:

13

Property Address or Location: 7215 Tri County Rd

REZONE DESCRIPTION

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 a | pplication | being |
|-----------|--------------|-----------------|
| submit | ted to corre | ect a violation |
| Yes | No I | ect a violation |

Create seperate parcel for owner around existing home

| Existing Zoning District(s) | Proposed Zoning District(s) | Acres |
|-----------------------------|--------------------------------|-------|
| FP-35 | RR-1 | 1.2 |

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 drawing of proposed property boundaries

Legal description of zoning boundaries

☐ Information for commercial development (if applicable)

Pre-application consultation with town and department staff

Application fee (nonrefundable), payable to the Dane County Treasurer

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

